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PRELIMINARY REPORT  
ON  
Six Hundred and Twelve  
CASES OF CONVERGENT SQUINT,  
With the Final Results of Operation.

BY CHARLES STEDMAN BULL, M.D.,  
OF NEW-YORK.

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[Reprinted from American Ophthalmological Society Transactions, 1895.]

*presented by the author*

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# PRELIMINARY REPORT ON SIX HUNDRED AND TWELVE CASES OF CONVERGENT SQUINT, WITH THE FINAL RESULTS OF OPERATION.

By CHARLES STEDMAN BULL, M.D.,

OF NEW YORK.

Carefully tabulated statistical reports of the results of operations, undertaken for the cure or improvement of convergent squint, have formed but little part of the ophthalmic literature of the last fifty years; and this fact has produced in the minds of the profession at large, and especially in the minds of some ophthalmologists, the feeling that the operation of tenotomy for the cure of squint is of doubtful value in many cases. The absence of useful, working statistics on this point has no doubt been largely due to the fact that it is extremely difficult to follow out these cases for a sufficiently long time after the operation, because the patients are so easily lost sight of, especially if they be hospital cases, and if the first operation has proved only partially successful.

The feeling that operative procedures for the cure of squint are of doubtful value in many cases arises largely from the discrepancy in our ideas as to what constitutes a "cure" of convergent squint. If by "cure" is meant merely the removal of all visible disfigurement, with apparent restoration of parallel axes of the eyes, then the results of operation should be deemed very satisfactory. But if something more is meant, and we understand by the word "cure," not only the apparent restoration of parallel axes, but the improvement of vision in the squinting eye, the establishment of binocular vision, and the ability of the patient to use the eyes for all purposes, except close work, without correcting glasses, then our ideas of the value of tenotomy must be materially modified.

So wide is the difference of opinion among ophthalmologists as to the existing conditions in squint, the value of operative interference, and the nature of the operation which is to be

done, that the writer has long held the view that the whole subject of strabismus is the least understood by modern ophthalmologists in the whole domain of ophthalmic science. We need but to glance over our text-books and the contents of our journals to be readily convinced of the truth of this statement. Leaving entirely out of consideration the different views that are held as to the nature and causation of squint, there are many of our colleagues who question the wisdom of operating in early childhood, while others hold that in many instances no operation is necessary.

It is not the intention of the writer of this paper to enter into a discussion of the general subject of squint. The paper is intended to be merely a preliminary report on the effects of operative interference upon the condition of abnormal convergence of one or both eyes, including such other statistical details as may be necessary for a proper appreciation of the results obtained.

The entire number of 612 cases occurred in the private and hospital practice of the writer, and all the cases were carefully followed up and watched for a length of time varying from six months to ten years. All examinations of the refractive and muscular conditions of these cases, all the various operations, and all subsequent observations, were made by the writer himself. A much larger number of cases have been examined and operated than the six hundred and twelve here considered, but they could not be followed with any accuracy for a longer period than a few weeks, and hence they have formed no part in these statistics. Whatever conclusions may be drawn from these statistics must, therefore, be based solely on the six hundred and twelve cases here tabulated.

No case under six (6) years of age has been included, owing to the difficulty of testing the refraction and of obtaining anything like an accurate idea as to the existing acuity of vision in very young patients.

In all cases of equal or approximately equal refraction, full correction by glasses was ordered immediately after the operation, and these glasses the patients were directed to wear constantly for a varying length of time. The faithfulness with which these directions were carried out varied with the fre-



quency with which the patients were subsequently seen, and the length of time they were under observation. When the refraction differed markedly in the two eyes, full correction for the non-squinting and partial correction for the squinting eye was ordered, and in some instances the strength of the latter glass was increased as time elapsed.

The cases were about equally divided between the sexes, there being 304 males and 308 females.

The refraction was, in the great majority of instances, hypermetropic, these statistics agreeing on this point with all previous statistics hitherto published. The refractive condition of the 612 cases was as follows:

Simple hypermetropia, 521 cases.

Simple hypermetropic astigmatism, 24 cases.

Compound hypermetropic astigmatism, 34 cases.

Simple myopia, 13 cases.

Simple myopic astigmatism, 3 cases.

Compound myopic astigmatism, 2 cases.

Emmetropia, 15 cases.

There were 57 cases of anisometropia and 2 cases of anti-metropia.

The 15 cases of emmetropia were so regarded because, while under the influence of atropine, the vision for 20 feet was made perceptibly worse by a glass of +D 0.50, whether spherical or cylindrical.

A study of the tables showing the degree of refraction in each case gives some interesting data.

The 579 cases of hypermetropic refraction were divided as follows:

Under D 1, in one or both eyes, 27 cases.

Between D 1 and D 2, in one or both eyes, 205 cases.

"	D 2 and D 3,	"	"	147	"
"	D 3 and D 4,	"	"	95	"
"	D 4 and D 5,	"	"	76	"
"	D 5 and D 6,	"	"	51	"
"	D 6 and D 7,	"	"	20	"
"	D 7 and D 8,	"	"	5	"
"	D 9 and D 10,	"	"	1	case.

Over D 10, in one or both eyes, 2 cases.

The cases of myopic refraction varied between D 0.50 and D 9.

Amblyopia, or defective visual acuity, was a very marked feature in the squinting eye, as might have been expected; but a study of the tables shows also a more or less decided subnormal acuity of vision in the fellow eye. The tables also show a by no means inconsiderable number of cases in which there was no loss of visual acuity in either eye.

There was defective vision in the squinting eye in 236 cases, or about 37 per cent.

There was defective vision in both eyes in 291 cases, or about 48 per cent.

There was no amblyopia in either eye in 85 cases, or about 15 per cent.

The tests for vision were made first without the use of atropia, and subsequently the accommodation was paralyzed and the tests repeated in all cases, except where the age of the patient rendered it unnecessary.

The operative procedures employed in the treatment of these cases consisted of simple tenotomy of one internal rectus; tenotomy of the internal rectus of each eye at different periods; simultaneous tenotomy of both internal recti; tenotomy of the internal rectus of one eye and advancement of the external rectus of the same eye; tenotomy of the internal recti of both eyes and advancement of the external rectus of the squinting eye; and simultaneous tenotomy of the internal recti of both eyes, followed at a varying length of time by a second tenotomy of the internal rectus of the squinting eye.

Simple tenotomy of the right internal rectus was done in 72 cases.

Simple tenotomy of the left internal rectus was done in 92 cases.

Tenotomy of both internal recti at different periods was done in 186 cases.

Simultaneous tenotomy of the internal rectus of both eyes was done in 20 cases.

Tenotomy of the right internal rectus and advancement of the right external rectus was done in 91 cases.



Tenotomy of the left internal rectus and advancement of the left external rectus was done in 131 cases.

Tenotomy of both internal recti and advancement of the external rectus of the squinting eye was done in 14 cases.

Simultaneous tenotomy of the internal rectus of both eyes, and subsequent tenotomy of the internal rectus of the squinting eye, was done in 6 cases.

The results of the various operations upon the degree of squint was as follows:

Simple tenotomy of the internal rectus of one eye was done in 164 cases. The final result was:

*Convergence* in 102 cases, or about 62 per cent.

*Parallelism* in 55 cases, or about  $33\frac{1}{3}$  per cent.

*Divergence* in 7 cases, or about 4 per cent.

In all cases of resulting convergence, the degree was much less than before the operation. No second operation in any one of these 102 cases was permitted.

Tenotomy of the internal rectus of both eyes at different periods was done in 186 cases. The final result was:

*Convergence* in 144 cases, or about 78 per cent.

*Parallelism* in 33 cases, or about 17 per cent.

*Divergence* in 9 cases, or about 5 per cent.

Simultaneous tenotomy of the internal rectus of both eyes was done in 20 cases. The final result was:

*Convergence* in 13 cases, or about 66 per cent.

*Parallelism* in 1 case, or about 5 per cent.

*Divergence* in 6 cases, or about 30 per cent.

Tenotomy of the internal rectus and advancement of the external rectus of the squinting eye was done in 222 cases. The final result was:

*Convergence* in 38 cases, or about 16 per cent.

*Parallelism* in 178 cases, or about 80 per cent.

*Divergence* in 6 cases, or about 2 4-5 per cent.

Tenotomy of the internal rectus of both eyes and advance-

ment of the external rectus of the squinting eye was done in 14 cases. The final result was:

*Convergence* in 3 cases, or about 21 per cent.

*Parallelism* in 9 cases, or about 60 per cent.

*Divergence* in 2 cases, or about 14 2-7 per cent.

Tenotomy of the internal recti of both eyes and subsequent tenotomy again of the internal rectus of the squinting eye was done in 6 cases. The final result was:

*Convergence* in 3 cases, or 50 per cent.

*Parallelism* in 1 case, or about  $16\frac{2}{3}$  per cent.

*Divergence* in 2 cases, or about  $33\frac{1}{3}$  per cent.

The general percentage of final results was as follows:

Whole number of cases operated, 612.

Resulting, *convergence* in 307 cases, or about 50 per cent.

“ *parallelism* in 277 cases, or about 45 per cent.

“ *divergence* in 32 cases, or about 5 per cent.

In all cases in which convergence was the final result, the degree of convergence was decidedly less than that of the original defect.

A few words, now, in regard to the question of the supposed improvement in vision of the squinting eye.

There was an improvement in the visual acuity of the squinting eye alone, after the operation, in 7 cases.

There was an improvement in the vision of the fellow eye alone in 65 cases.

There was an improvement in the vision of both eyes in 14 cases.

A somewhat careful study of these cases has led me to the conclusion that the instances of improvement in the visual acuity were undoubted, but that while occurring *after the operation*, they could not be considered as *due to the operation*, but rather to the stimulating, beneficial effect induced by wearing the full correction of the refractive error.

*Complications.* A number of the cases were complicated by other lesions, the existence of which may have had some influ-



ence upon the final result after operation. There were 30 cases in which there was more or less marked loss of power in the external rectus. In six (6) of these cases the paresis of the muscle was due to diphtheria, and in four (4) cases to falls upon the head. There were nine (9) cases of more or less marked blepharitis or blepharo-adenitis, all of which recovered after the operation and fitting with correcting glasses. There were two (2) cases of strabismus sursum vergens associated with the convergent squint, and in both the upward deviation disappeared after the operation.

There were eighteen (18) cases of corneal opacity more or less distinctly marked.

In seven (7) cases the appearance of the squint had been immediately preceded by measles, and in two (2) cases by scarlatina.

General chorea existed in two (2) of the cases, and rotary nystagmus in seven (7) cases.

In eight (8) cases the squint had followed an attack of epileptiform convulsions, and in three (3) cases it occurred during an attack of pertussis.

The convergence was complicated in two (2) cases by congenital ptosis, in one case by facial paralysis, and in two (2) cases by encanthis.

In two (2) of the myopic cases detachment of the retina occurred after the operation.

In four (4) cases there was no fixation with the squinting eye, either before or after the operation.

A cursory review of the final results of the operation on the degree of the squint would lead the surgeon to believe that the greatest effect is to be expected from tenotomy of the internal rectus and advancement of the external rectus of the squinting eye, and that the method of operating by simultaneous tenotomy of the internal recti of both eyes is the least valuable.

A more careful study of each case, however, has led the writer to the formulation of the following conclusions, which may be modified by lapse of time and a larger experience.

1st. If the squint is in one eye and of the alternating

variety, there is usually very little amblyopia in either eye, and but little difference in the refractive error in the two eyes. In the majority of these cases free tenotomy of the internal rectus of the eye which usually squints, with immediate full correction of the refractive error, will give as a final result either apparent parallelism or such a slight degree of convergence as is not noticeable under the glasses.

2d. If the squint is always in the same eye, there is almost always a decided amblyopia in the squinting eye, and usually a decided difference in the refraction of the two eyes. In these cases, if there be no loss of power in the external rectus, the best results are gained by tenotomy of the internal rectus and advancement of the external rectus of the squinting eye, and subsequent full correction by glasses.

3d. If there be marked amblyopia in the squinting eye and some loss of power in the external rectus of the same eye, the best operation will be found to be tenotomy of the internal rectus and advancement of the external rectus of the squinting eye, and at a varying period later tenotomy of the internal rectus of the other eye. Simultaneous tenotomy of the internal rectus of both eyes and advancement of the external rectus of the squinting eye, is not a desirable operation in these cases, as it too often leads to permanent divergence.

4th. If, however, the squinting eye is markedly amblyopic and the external rectus of this eye is entirely paralyzed, the best results are gained by a simultaneous tenotomy of the internal rectus of both eyes and advancement of the external rectus of the squinting eye.

5th. In the emmetropic cases, fifteen in number, the best results were gained by tenotomy of the internal rectus of the squinting eye, followed at a varying period by tenotomy of the internal rectus of the other eye. The reason for this is not as yet apparent.

6th. There will always be a number of cases, by no means inconsiderable, in which it will be impossible to decide in advance what method of operating will be likely to give the best results, and in which what we do will be more or less a matter of guess-work.

7th. Any complication which interferes with the visual



acuity of a squinting eye, such as corneal maculæ, striæ in the lens, or extensive choroidal atrophy, must be regarded as pointing to the necessity of more extensive operative interference than simple tenotomy, even when no great refractive difference exists between the eyes, and when no paresis of the external rectus is present.

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In studying closely the statistics of a considerable number of cases of convergent squint, one of the lessons taught is, that though defective vision is probably one of the causes of permanent squint, yet the results of the operation are satisfactory in a very large number of cases. Another fact that becomes evident is, that in a by no means inconsiderable number of cases a tenotomy on the squinting eye is useless, and we are forced to do a tenotomy on the other eye.

*Schweigger* seems to be correct in saying that in the majority of cases periodic squint is cured by a simple tenotomy, and that an imperfect result can be supplemented by tenotomy on the other eye.

The absence of fixation in the squinting eye in some cases of marked amblyopia renders it doubtful whether a satisfactory final result can be gained by any operation. Not a few cases may be found in the tables appended to this paper in which only slight improvement was gained, even by tenotomy of both internal recti and advancement of the external rectus of the squinting eye.

It should not be forgotten that a primary good result very often retrogrades, and surgeons do not sufficiently consider that the strength of the antagonistic muscle exerts a powerful influence on the ultimate result of the operation. Apparent loss of power in the external rectus does not always mean actual loss of power, and *Schweigger* has some reason for recommending gymnastic exercise of the muscles by alternately turning the eyes to the right and left as a useful preliminary to the operation for squint. It is a mistake to suppose that advancement of a muscle immediately brings about a permanent position of this eye, for, as in simple tenotomy, the immediate result never remains permanent, but usually diminishes somewhat, though it may increase.

## DR. BULL'S PAPER ON RESULTS OF SQUINT OPERATIONS.

Sex.	Age.	Refraction.	Vision.	Operations.	Length of time under Observation.	Ultimate Vision.	Result as to Squint.	Remarks.
1. M.	16	H. 1/24	R. 10/200 L. 20/30+	Tenotomy of right int. left int., 2 wks. interval.	3 years.	R. 20/200 L. 20/20	Slight divergence	Correcting glasses worn constantly.
2. M.	23	H. 1/30	R. 20/30+ L. 5/100	Tenotomy of left int. right int., 1 mo.	1 year.	R. 20/20 L. 20/100	conv. 5°	Correcting glasses worn constantly.
3. F.	21	H. 1/20	O. U. 20/40	Simultaneous tenotomy of both int. Advancement of left int. 1 mo. later.	14 mos.	O. U. 20/40	conv. 5°	Correcting glasses worn constantly.
4. F.	6½	H. 1/40	O. U. 20/20-	Tenotomy of left int.	4 years.	O. U. 20/20	parallelism	Correcting glasses worn 18 mos.
5. M.	32	H. 1/36	R. E. 20/20 L. E. 20/200	Tenotomy of left int. right int., 3 wks. later.	6 mos.	R. 20/20 L. 20/30+	conv. 5°	Correcting glasses worn constantly.
6. F.	21	H. 1/16 Ash.	O. U. 20/50	Tenotomy of right int. left int., 2 wks. later.	1 year.	O. U. 20/30	parallelism	Correcting glasses worn constantly.
7. M.	20	H. 1/36 Ash.	R. E. 20/200 L. E. 20/20	Tenotomy of right int. and advancement of left int.	1 year.	R. E. 20/200 L. E. 20/20	parallelism	Correcting glasses worn constantly.
8. M.	11	H. 1/30	R. E. 20/20 L. E. 12/200	Tenotomy of left int. right int., 1 wks. later.	2 years.	R. E. 20/20 L. E. 20/200	divergence 3°	Correcting glasses worn constantly.
9. F.	6	H. 1/24	R. E. 20/100 L. E. 20/30	Tenotomy of right int. left int., 2 wks. later.	6 years.	R. E. 20/100 L. E. 20/30+	conv. 5°	Correcting glasses worn constantly.
10. M.	11	H. 1/30	R. E. 20/30- L. E. 20/30	Tenotomy of left int. right int., 2 wks. later.	2 years.	R. E. 20/30- L. E. 20/40-	conv. 5°	Correcting glasses worn constantly.
11. F.	14	H. 1/10 Ash.	Aphakia R. E. 5/200 L. E. 4/200	Tenotomy of left int. right int., 2 wks. later.	3 years.	R. E. 20/70 L. E. 20/200	parallelism	Cornical macula; congenital cataract; seven needles done on two eyes within 14 mos.
12. M.	36	H. 1/40 Ash.	R. E. 20/20 L. E. 20/200	Tenotomy of left int.	2 years.	R. E. 20/20 L. E. 20/40-	conv. 5°	Blow on head 11 years ago and since then Squint in L. E.; full correction by glasses.
13. F.	62	H. 1/20	R. E. 20/50 L. E. 5/200	Tenotomy of left int. and advancement of left ext.	1 year.	R. E. 20/50+ L. E. 10/200	conv. 5°	Granular lids and pannus.



14. M.	12	H. 1/30 Ash. 1/40	R. E. 20/30 L. E. 20/40+	Tenotomy of left int. " right int., 2 wks. later.	4 years.	R. E. 20/20- L. E. 20/20-	parallelism	Constant correction.
15. F.	11	H. 1/36	R. E. 20/20 L. E. 20/50-	Tenotomy of left int. " right int., 2 wks. later.	6 years.	R. E. 20/20 L. E. 20/50-	parallelism	Constant correction.
16. F.	17	H. 1/12	B. E. 20/100	Tenotomy of right int.	1 year.	B. E. 20/100	divergence 5°	Corneal maculae; supuration of wound; divergence and opacity of cornea.
17. M.	24	E.	R. E. 3/100 L. E. 20/30+	Tenotomy of right int., and advancement right ext.	10 years.	R. E. 3/100 L. E. 20/20	parallelism	Severe injury of right side of face and skull.
18. M.	22	M. 1/30	R. E. 5/100 L. E. 20/30	Tenotomy of right int. " left int.	1 year.	R. E. 5/100 L. E. 20/30	conv. 5°	Concave glasses worn constantly; no loss of power in ext. rect.
19. F.	9	H. 1/24	R. E. 20/100 L. E. 20/30+	Tenotomy of left int. " right int., 2 wks. later.	2 years.	R. E. 20/20+ L. E. 20/70+	conv. 5°	Marginal blepharitis.
20. F.	14	H. 1/40	R. E. 20/100 L. E. 20/20	Tenotomy of right int. " left int., 2 wks. later.	2 years.	R. E. 20/100 L. E. 20/20	divergence 5°	
21. M.	8	H. 1/36	R. E. 20/30- L. E. 20/200	Tenotomy of left int. " right int., 1 mo. later.	4 years.	R. E. 20/20 L. E. 20/200	conv. 5°	Correcting glasses constantly.
22. M.	14	H. 1/30	R. E. 20/30- L. E. 20/200	Tenotomy of right int. " left int., 1 mo. later.	1 year.	Same	conv. 5°	Correcting glasses constant.
23. F.	14	H. 1/40	R. E. 20/30 L. E. 20/30	Tenotomy of right int. " left int., 3 wks. later.	2 years.	B. E. 20/20-	parallelism	Correcting glasses constant.
24. F.	21	H. 1/36 Ash. 1/72	R. E. 20/20 L. E. 20/20-	Tenotomy of right int.	2 years.	R. E. 20/30+ L. E. 20/20	parallelism	Correcting glasses constant.
25. F.	6	H. 1/16	R. E. 20/20 L. E. 20/100	Tenotomy of left int. " right int., 1 week later.	1 year.	R. E. 20/20 L. E. 20/70	conv. 5°	Externus normal; complete correction.
26. M.	27	H. 1/16 Ash.	R. E. 5/200 L. E. 20/20	Tenotomy of right int., and reef in right ext.	1 year.	R. E. 5/200 L. E. 20/20	parallelism	Some loss of power in right, ext.; complete correction.
27. F.	10½	H. 1/20	R. E. 20/30+ L. E. 20/70-	Tenotomy of left int. " right int., 2 wks. later.	2 years.	R. E. 20/20 L. E. 20/50-	conv. 5°	Rachitic disease of cervical vertebrae; complete correction.
28. F.	7	H. 1/16	R. E. 20/20- L. E. 20/20-	Tenotomy of right int. " left int., 1 mo. later.	4 years.	R. E. 20/20 L. E. 20/20	parallelism	Complete correction.
29. M.	8	H. 1/36	R. E. 20/20- L. E. 20/30-	Tenotomy of left int. " right int., 3 wks. later.	4 years.	R. E. 20/20 L. E. 20/30-	parallelism	Complete correction.
30. F.	7	H. 1/16 Ash.	R. E. 20/200 L. E. 5/200	Tenotomy of left int. " right int., 2 wks. later.	6 years.	R. E. 20/200 L. E. 5/200	parallelism	Rotary nystagmus; complete correction.
31. F.	17	H. 1/40 H. 1/24	R. E. 20/50 L. E. 20/70-	Advancement of left ext. 1. Tenotomy of left int. 2. " right int., 2 wks. later.	1 year.	R. E. 20/50 L. E. 20/70-	conv. 5°	Full correction; externi normal.
32. F.	17	H. 1/18	R. E. 20/20 L. E. 20/20	3. Tenotomy of left int. " right int., 1 mo. later.	1½ years.	R. E. 20/20 L. E. 20/20	conv. 10°	Externus normal; full correction.
33. F.	8	H. 1/36	R. E. 20/40 L. E. 20/20	Tenotomy of right int. " left int., 1 year later.	4 years.	R. E. 20/40 L. E. 20/20	conv. 3°	Full correction.

DR. BULL'S PAPER ON RESULTS OF SQUINT OPERATIONS. — CONTINUED.

Sex.	Age.	Refrac- tion.	Vision.	Operations.	Length of time under Observation.	Ultimate Vision.	Result as to Squint.	Remarks.
34. F.	39	H. 1 30	R. E. 20/40— L. E. move- ments of hand	Tenotomy of left int., and ad- vancement of left ext.	1 year.	R. E. 20/30+ L. E. movements	parallelism	Full correction.
35. M.	7	E.	R. E. 20/30— L. E. 20/30—	Tenotomy of both int., simul- taneously. 1 mo. later tenotomy left int., and reef in ext.	5 years.	R. E. 20/20 L. E. 20/20	conv. 3°	No glasses.
36. M.	9 1/2	H. 1 30	R. E. 20/20 L. E. 20/40	Tenotomy of left int. " right int., 3 wks. later.	8 years.	R. E. 20/20 L. E. 20/40	conv. 3°	Came during teething. Full correction.
37. F.	7	H. 1 30	R. E. 20/30 L. E. 20/70	Tenotomy of left int.	2 years.	R. E. 20/30 L. E. 20/50	divergence 3°	Following measles. Full cor- rection.
38. F.	8	H. 1 20 and 1 7	R. E. 20/30— L. E. 20/200+	Tenotomy of left int., and ad- vancement of left ext.	1 year.	R. E. 20/20 L. E. 20/100+	conv. 3°	Full correction of R. E.; par- tial of L. E.
39. F.	16	H. 1 8 and 1 24	R. E. 20/200 L. E. 20/50+	Simultaneous tenotomy of both int. One mo. later te- nomy right int., and ad- vancement of right ext.	2 years.	R. E. 20/200 L. E. 20/50+	parallelism	Full correction, 1 16 and 1 24.
40. F.	7	H. 1 30	R. E. 20/20— L. E. 20/20	Tenotomy of right int. 1 mo. later tenotomy of left int.	1 year.	R. E. 20/20— L. E. 20/20	conv. 5°	Full correction.
41. M.	8	H. 1 24	R. E. 20/20 L. E. 20/40	Tenotomy of right int. " left int., 1 mo. later.	4 years.	R. E. 20/20 L. E. 20/40	conv. 5°	Followed pertussis. Full cor- rection.
42. M.	7	H. 1 16	R. E. 20/30 L. E. 20/30	Tenotomy of left int.	4 years.	R. E. 20/20 L. E. 20/30	conv. 3°	Full correction; came on after diphtheria; no paralysis.
43. M.	9	H. 1 30	R. E. 20/20 L. E. 20/40	Tenotomy of left int. " right int., 1 mo. later.	1 year.	R. E. 20/20 L. E. 20/30+	parallelism	Full correction.
44. M.	6	H. 1 20	R. E. 20/200 L. E. 20/20	Tenotomy of right int. left int., 2 wks. later.	2 years.	R. E. 20/200 L. E. 20/20	conv. 5°	Full correction.
45. M.	4 1/2	H. 1 10	R. E. 20/100 L. E. 20/70+	Tenotomy of right int., and advancement of right ext.	4 years.	R. E. 20/100 L. E. 20/30—	parallelism	Cataract B. E. Subsequently cataract removed from left eye, giving V = 20/30 with 1/48.
46. M.	7	H. 1 30	R. E. 20/20 L. E. 20/200	Tenotomy of left int.	2 years.	R. E. 20/20 L. E. 20/200	conv. 5°	Complete correction.
47. M.	10	H. 1 6	R. E. 20/70+ L. E. 20/30+	Tenotomy of right int. left int., 1 mo. later.	16 mos.	R. E. 20/20 L. E. 20/30+	divergence 5°	Complete correction.
48. F.	35	H. 1 30	R. E. 20/30+ L. E. 8/100	Tenotomy of left int., and ad- vancement of left ext.	3 years.	R. E. 20/30+ L. E. 8/100	conv. 5°	Complete correction.
49. F.	6	H. 1 12	R. E. 20/30 L. E. 20/30	Tenotomy of right int., and " left int., 1 mo. later.	18 mos.	R. E. 20/200 L. E. 20/20	conv. 5°	Following attack of fever with delirium and convulsions; com- plete correction.



50. F.	10	H.	1/24	R. E. 20/30 L. E. 20/30	Tenotomy of left int.	1 year.	R. E. 20/30 <sup>+</sup> L. E. 20/30 <sup>+</sup>	divergence 3°	Complete correction.
51. F.	6	H.	1/20	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	2 years.	R. E. 20/20 L. E. 20/20	conv. 5°	Complete correction.
52. F.	7	H.	1/40	R. E. 20/70 L. E. 20/100	Tenotomy of right int.	4 years.	R. E. 20/70 L. E. 20/100	conv. 5°	Complete correction.
53. M.	12	H.	1/24	R. E. 20/40 L. E. 20/40	Tenotomy of left int.	1 year.	R. E. 20/20 L. E. 20/20	conv. 5°	Complete correction.
54. M.	16	H.	1/13	R. E. 20/70 <sup>+</sup> L. E. 20/70 <sup>+</sup>	Tenotomy of left int.	1 year.	R. E. 20/70 <sup>+</sup> L. E. 20/70 <sup>+</sup>	conv. 5°	Complete correction.
55. F.	8	H.	1/30	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	18 mos.	R. E. 20/20 L. E. 20/20	parallelism	Complete correction.
56. M.	7	H.	1/16	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	1 year.	R. E. 20/20 L. E. 20/20	conv. 5°	Following convulsions; complete correction.
57. F.	7	H.	1/40	R. E. 20/20 L. E. 20/20	Tenotomy of right int.	1 year.	R. E. 20/20 L. E. 20/20	conv. 3°	Complete correction.
58. F.	7	H.	1/40	R. E. 20/20 L. E. 20/20	Tenotomy both int. simultaneously.	4 years.	R. E. 20/20 L. E. 20/20	divergence 3°	Complete correction.
59. F.	14	H.	1/40	R. E. 10/200 L. E. 10/200	Tenotomy of right int. and advancement of right ext.	5 years.	R. E. 10/200 L. E. 10/200	parallelism	Central lenticula adherens; complete correction.
60. M.	6	H.	1/24	R. E. 20/20 L. E. 20/20	Tenotomy of left int. and advancement of left ext.	1 year.	R. E. 20/20 L. E. 20/20	parallelism	No fixation in L. E.
61. F.	7	E.		R. E. 20/20 L. E. 20/20	Tenotomy of left int.	4 years.	R. E. 20/20 L. E. 20/20	parallelism	Hemichorea, left side.
62. M.	6 1/2	H.	1/12	R. E. 20/20 L. E. 20/20	Tenotomy of right int. and advancement of right ext.	1 year.	R. E. 20/20 L. E. 20/20	divergence 3°	No fixation with R. E.; extensive atrophy, region of macula.
63. F.	20	H.	1/10	R. E. 20/70 L. E. 30/60	Tenotomy of left int. and advancement of left ext.	1 year.	R. E. 20/70 L. E. 30/60	parallelism	Paresis ext. rectus.
64. F.	45	H.	1/20	R. E. 20/30 <sup>+</sup> L. E. 20/30 <sup>+</sup>	Tenotomy of right int.	1 year.	R. E. 20/30 <sup>+</sup> L. E. 20/30 <sup>+</sup>	parallelism	Complete correction; convulsions in infancy.
65. F.	13	H.	1/2	R. E. 20/30 L. E. 20/30	Tenotomy of right int.	13 mos.	R. E. 20/30 L. E. 20/30	conv. 5°	Complete correction.
66. M.	6 1/2	H.	1/30	R. E. 20/70 L. E. 20/70	Tenotomy of right int.	3 years.	R. E. 20/70 L. E. 20/70	conv. 5°	Complete correction.
67. M.	34	H.	1/24	R. E. 20/100 L. E. 20/100	Tenotomy of left int.	14 mos.	R. E. 20/100 L. E. 20/100	parallelism	Complete correction.
68. F.	25	H.	1/20	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	1 year.	R. E. 20/20 L. E. 20/20	parallelism	Granular lids; slight pannus; treated for 6 mos.
69. F.	6	H.	1/16	R. E. 20/20 L. E. 5/200	Tenotomy of left int. and advancement of left ext.	2 years.	R. E. 20/20 L. E. 5/200	conv. 5°	Complete correction.
70. F.	25	H.	1/12	R. E. 20/40 L. E. light	Extraction lineare of cataract with iridectomy; 3 mos. later tenotomy of left int.	2 years.	R. E. 20/30 L. E. 20/100 with +	conv. 3°	Congenital cataract; linear extr. iridectomy.
71. F.	12	H.	1/24	R. E. 20/20 L. E. 20/20	Tenotomy of right int.	3 years.	R. E. 20/20 L. E. 20/20	parallelism	Full correction.
72. M.	10	H.	1/30	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	1 year.	R. E. 20/20 L. E. 20/20	conv. 5°	Full correction.

DR. BULL'S PAPER ON RESULTS OF SQUINT OPERATIONS. — CONTINUED.

Sex.	Age.	Refrac- tion.	Vision.	Operations.	Length of time under Observation.	Ultimate Vision.	Result as to Squint.	Remarks.
73. M.	13	H. 1/24	R. E. 20/40— L. E. 20/40—	Tenotomy of left int.	2 years.	R. E. 20/30+ L. E. 20/40—	conv. 3°	Full correction.
74. M.	9	H. 1/10	R. E. 20/30— L. E. 20/30—	Tenotomy of left int. " right int. 4 wks. later.	1 year.	R. E. 20/20 L. E. 20/50	conv. 3°	Full correction.
75. F.	8	H. 1/30	R. E. 20/200 L. E. 20/20	Tenotomy of right int. " left int. 3 wks. later.	2 years.	R. E. 20/200 L. E. 20/20	conv. 5°	Full correction.
76. M.	17	H. 1/18	R. E. 20/70 L. E. 20/70	Tenotomy of left int. " right int. 2 wks. later.	1 year.	R. E. 20/40+ L. E. 20/40	conv. 3°	Full correction.
77. F.	6	H. 1/20	R. E. 20/20 L. E. 20/20	Tenotomy of left int. " right int. 2 wks. later.	2 years.	R. E. 20/20 L. E. 20/20	conv. 5°	Full correction.
78. F.	6	H. 1/30	R. E. 20/20 L. E. 20/20	Tenotomy of left int. " right int. 1 wks. later.	1 year.	R. E. 20/20 L. E. 20/20	conv. 3°	Full correction.
79. F.	30	H. 1/40	R. E. 20/20— L. E. light	Linear extraction upwards with iridectomy; mos. later tenotomy of left int.	18 mos.	R. E. 20/100 L. E. 20/40 R. E. 20/20 L. E. 20/20	conv. 3°	Full correction.
80. F.	9	H. 1/20	R. E. 10/200 L. E. 20/20	Tenotomy of right int. and advancement of right ext.	3 years.	R. E. 10/200 L. E. 20/20	parallelism	Congenital cataract; triang- ular pupil, apex downward.
81. F.	9	H. 1/12	R. E. 20/30— L. E. 20/70+	Tenotomy of right int. " right int. 3 wks. later.	4 years.	R. E. 20/20— L. E. 20/50	parallelism	Full correction; very weak externus.
82. F.	7	H. 1/30	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	2 years.	R. E. 20/20 L. E. 20/20	parallelism	Full correction.
83. F.	6	H. 1/24	R. E. 20/30— L. E. 20/30—	Tenotomy of right int.	3 years.	R. E. 20/30— L. E. 20/20	conv. 3°	Full correction.
84. F.	8	H. 1/10	R. E. 20/20 L. E. 20/20	Tenotomy of left int. and ad- vancement of left ext.	3 years.	R. E. 20/20 L. E. 20/20	conv. 3°	Full correction.
85. F.	9	H. 1/12	R. E. 20/20 L. E. 20/20	Tenotomy of left int. " right int. 3 wks. later.	1 year.	R. E. 10/200 L. E. 20/20	conv. 3°	Full correction.
86. M.	23	H. 1/10	R. E. 5/200 L. E. 20/20	Tenotomy of right int. and advancement of right ext.	1 year.	R. E. 5/200 L. E. 20/30—	parallelism	Full correction.
87. M.	24	H. 1/30	R. E. 20/20 L. E. 20/40—	Tenotomy of left int.	14 mos.	R. E. 20/20 L. E. 20/40—	conv. 3°	Full correction.
88. F.	6	H. 1/12	R. E. 20/10— L. E. 20/70—	Tenotomy of left int. " right int.	2 years.	R. E. 20/30+ L. E. 20/70	conv. 5°	Full correction.
89. F.	14	H. 1/40	R. E. 20/20 L. E. 20/20—	Tenotomy of left int.	1 year.	R. E. 20/20 L. E. 20/20	parallelism	Full correction.
90. F.	7	H. 1/16	R. E. 20/20 L. E. 20/50	Tenotomy of left int.	2 years.	R. E. 20/20 L. E. 20/50	conv. 5°	Full correction.
91. M.	11	H. 1/20	R. E. 20/20 L. E. 20/40—	Tenotomy of left int.	6 years.	R. E. 20/20 L. E. 20/30—	conv. 3°	Full correction.

92. F.	9	H.	1/30	R. E. 20/70 L. E. 20/30—	Tenotomy of right int. " left int. 3 wks. later.	6 years.	R. E. 20/70 L. E. 20/30—	conv. 5°	Full correction.
93. F.	13	H.	1/20	R. E. 20/30 L. E. 20/50	Tenotomy of right int. " left int. 2 wks. later.	2 years.	R. E. 20/50 L. E. 20/30—	conv. 1°	Full correction.
94. F.	42	H.	1/24	R. E. 2/200 L. E. 20/50—	Tenotomy of right int., and advancement of right ext.	18 mos.	R. E. 20/200 L. E. 20/40+	parallelism	Full correction.
95. F.	6	H.	1/24	R. E. 20/40 L. E. 20/40	Tenotomy of right int.	7 years.	R. E. 20/40+ L. E. 20/20	parallelism	Squint intermittent; full cor- rection.
96. F.	10	H.	1/16	R. E. 20/40— L. E. 20/30	Tenotomy of left int.	2 years.	R. E. 20/40+ L. E. 20/20	parallelism	Full correction.
97. F.	6	H.	1/20	R. E. 20/30 L. E. 20/30	Tenotomy of right int. " left int. 2 wks. later.	2 years.	R. E. 20/30 L. E. 20/30	conv. 5°	Following measles; full cor- rection.
98. F.	13	H.	1/12	R. E. 20/30 L. E. 20/30	Tenotomy of left int.	1 year.	R. E. 20/30 L. E. 20/20	div. 3°	Full correction.
99. M.	6	H.	1/20	R. E. 20/30 L. E. 20/30	Tenotomy of left int.	3 years.	R. E. 20/30+ L. E. 10/300	conv. 3°	Full correction.
100. M.	34	H.	1/16	R. E. 10/300 L. E. 20/30	Tenotomy of left int., and ad- vancement of left ext.	14 mos.	R. E. 20/30 L. E. 20/30	parallelism	Full correction.
101. M.	8	H.	1/10	R. E. 2/300 L. E. 20/40—	Tenotomy of right int.	3 years.	R. E. 2/300 L. E. 20/40—	conv. 5°	Full correction.
102. F.	7	H.	1/20	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	2 years.	R. E. 20/20 L. E. 20/20	conv. 5°	Alternating.
103. F.	12	H.	1/10	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	1 year.	R. E. 20/20 L. E. 20/20	conv. 5°	Full correction.
104. F.	14	M.	1/18	R. E. 2/50 L. E. 20/200	Tenotomy of left int., and ad- vancement of left ext.	2 years.	R. E. 2/50 L. E. 20/200	parallelism	R. E. leucoma adherens; L. E. macula cornea; squint in L. E.
105. F.	14	H.	1/30	R. E. 20/30+ L. E. 15/200	Tenotomy of left int., and ad- vancement of left ext.	10 years.	R. E. 20/30 L. E. 15/200	parallelism	Full correction.
106. M.	8	H.	1/20	R. E. 20/20 L. E. 20/20	Tenotomy of right int., and advancement of right ext.	1 year.	R. E. 20/20 L. E. 20/20	parallelism	Full correction.
107. M.	13	H.	1/72	R. E. 20/100 L. E. 20/100	Tenotomy of left int.	3 years.	same	conv. 5°	Nystagmus; full correction.
108. M.	6	H.	1/12	R. E. 20/20 L. E. 20/20	Tenotomy of right int. " left int. 2 wks. later.	2 years.	same	conv. 5°	Full correction.
109. M.	10	H.	1/24	R. E. 20/50 L. E. 20/20	Tenotomy of right int. " left int. 2 wks. later.	1 year.	R. E. 20/50 L. E. 20/20	conv. 3°	Full correction.
110. M.	18	H.	1/40	R. E. 20/30+ L. E. 20/100	Tenotomy of left int. " right int. 3 wks. later.	2 years.	R. E. 20/100 L. E. 20/30+	conv. 3°	Full correction.
111. F.	14	H.	1/30	R. E. 20/30 L. E. 20/30	Tenotomy of left int. " right int. 2 wks. later.	3 years.	R. E. 20/30 L. E. 20/30	conv. 5°	Full correction.
112. F.	14	H.	1/20	R. E. 20/30 L. E. 20/30	Tenotomy of right int., and advancement of right ext.	3 years.	R. E. 20/30 L. E. 20/30	parallelism	Full correction.
113. F.	15	H.	1/10	R. E. 20/20— L. E. 20/100	Tenotomy of left int. " right int. 3 wks. later.	4 years.	R. E. 20/20— L. E. 20/100	conv. 5°	Full correction.
114. F.	6	H.	1/72	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	3 years.	same	parallelism	Full correction.
115. F.	12	H.	1/30	R. E. 20/20 L. E. 20/200	Tenotomy of left int., and ad- vancement of left ext.	2 years.	same	parallelism	Full correction.



## DR. BULL'S PAPER ON RESULTS OF SQUINT OPERATIONS.—CONTINUED.

Sex.	Age.	Refrac- tion.	Vision.	Operations.	Length of time under Observation.	Ultimate Vision.	Result as to Squint.	Remarks.
116. F.	10	H. 1/48	R. E. 20/20 L. E. 20/20	Tenotomy of right int.	3 years.	same	conv. 3°	Alternating; full correction.
117. M.	14	H. 1/24	R. E. 20/20 L. E. 20/20	Tenotomy of left int., and ad- vancement of left ext.	3 years.	same	parallelism	Complete correction.
118. M.	7	H. 1/72	R. E. 10/200 L. E. 20/200	Tenotomy of left int., and ad- vancement of left ext.	1 year.	R. E. 20/70 L. E. 20/200	parallelism	R. E. keratitis; L. E. macula corneæ.
119. M.	6	H. 1/24	R. E. 20/200 L. E. 20/70	Tenotomy of left int. " right int., 2 wks. later.	3 years.	R. E. 20/20 L. E. 20/70	divergence 3°	Full correction.
120. F.	9	H. 1/30	R. E. 20/200 L. E. 20/20	Tenotomy of right int. " left int., 2 wks. later.	1 year.	same	conv. 5°	Squint followed a fall on her head. Chr. gran. conj.
121. F.	15	H. 1/72	R. E. 20/20 L. E. 20/30	Tenotomy of right int.	4 years.	R. E. 20/20 L. E. 20/30	parallelism	
122. M.	15	H. 1/7	R. E. 20/70+ L. E. 20/20	Tenotomy of right int., and advancement of right ext.	3 years.	same	parallelism	Gave full correction for each eye (+ 1/10 and + 1/7).
123. M.	6	H. 1/20	R. E. 20/50- L. E. 20/50	Tenotomy of right int. " left int., 3 wks. later.	2½ years.	same	conv. 3°	Full correction.
124. M.	11	H. 1/20	R. E. 20/200 L. E. 20/20	Tenotomy of right int., and advancement of right int.	1 year.	same	parallelism	Full correction.
125. M.	6	H. 1/16	R. E. 20/20 L. E. 20/20	Simultaneous tenotomy of B. E.; internal recti.	2 years.	same	conv. 5°	Full correction.
126. F.	9	H. 1/40	R. E. 20/20 L. E. 20/40	Tenotomy of left int.	5 years.	same	parallelism	Full correction.
127. M.	8	H. 1/30	R. E. 20/40 L. E. 20/50	Tenotomy of left int., and ad- vancement of left ext.	4 years.	R. E. 20/20 L. E. 20/40+	parallelism	Full correction.
128. F.	8	H. 1/24	R. E. 20/30+ L. E. 20/30+	Tenotomy of left int.	6 years.	R. E. 20/20 L. E. 20/30+	parallelism	Loss of power of ext. rect.
129. F.	5	H. 1/20	R. E. 20/20 L. E. 20/20	Tenotomy of right int.	5 years.	R. E. 20/20- L. E. 20/20	parallelism	Full correction.
130. F.	6	H. 1/36	R. E. 20/200 L. E. 20/20	Tenotomy of left int. " right int., 2 wks. later.	2 years.	R. E. 20/30+ L. E. 20/30+	conv. 3°	Full correction.
131. F.	17	H. 1/30	R. E. 20/20 L. E. 20/30	Tenotomy of left int. " right int., 3 wks. later.	18 mos.	R. E. 20/20 L. E. 20/20	conv. 5°	Full correction.
132. M.	6	H. 1/36	R. E. 20/200 L. E. 20/20	Tenotomy of right int., and advancement of right ext.	4 years.	same	parallelism	Paresis right ext. Full cor- rection.
133. M.	6	H. 1/30	R. E. 20/40+ L. E. 20/20	Tenotomy of right int.	4 years.	R. E. 20/40+ L. E. 20/20	conv. 5°	Followed measles and per- tussis. Full correction.
134. M.	21	H. 1/10	R. E. 20/30 L. E. 20/20	Tenotomy of right int., and advancement of right ext.	1 year.	same	parallelism	Loss of power in ext. rect. Full correction.
135. M.	9	H. 1/20	R. E. 20/30- L. E. 20/30-	Tenotomy of left int.	1½ years.	same	conv. 5°	Full correction, but not worn.

136. M.	10	H.	1 <sup>16</sup>	R. E. 20/30— L. E. 20/200	Tentomy of left int., and advancement of left ext.	6 years.	R. E. 20/20 L. E. 20/200	parallelism	Full correction.
137. M.	22	H.	1 <sup>16</sup>	R. E. 4/250 L. E. 4/200	Tentomy of right int., and advancement of right ext.	2 years.	R. E. 4/200 L. E. 20/20—	parallelism	Loss of power in ext. rect. Partial correction.
138. F.	22	H.	1 <sup>10</sup>	R. E. 20/30— L. E. 20/20	Tentomy of right int., and advancement of right ext.	1 year.	same	parallelism	Loss of power in ext. rect. Full correction.
139. M.	15	H.	1 <sup>7</sup>	R. E. 20/20— L. E. 20/10	Simultaneous tentomy of both int.	3 years.	B. E. 20/70	parallelism slight div.	Full correction.
140. M.	8	H.	1 <sup>20</sup>	R. E. 20/100 L. E. 20/70	Tentomy of right int.	4 years.	same	conv. 5°	Loss of power in ext. rect.; full correction; corneal macula.
141. F.	6	H.	1 <sup>12</sup>	R. E. 20/40 L. E. 20/40	Tentomy of left int.	3 years.	B. E. 20/40+	conv. 3°	Full correction.
142. F.	14	H.	1 <sup>24</sup>	R. E. 20/40 L. E. 2/200	Right int., 2 wks. later. Tentomy of right int., and advancement of right ext.	3 years.	same	parallelism	Full correction.
143. M.	11	H.	1 <sup>48</sup>	R. E. 20/20— L. E. 20/40	Tentomy of right int.	18 mos.	same	conv. 5°	Alternating. Full correction.
144. F.	7	H.	1 <sup>40</sup>	R. E. 20/20— L. E. 20/20	Tentomy of right int.	2½ years.	same	conv. 3°	Full correction.
145. M.	15	H.	1 <sup>36</sup>	R. E. 20/40+ L. E. 20/30	Tentomy of left int.	4 years.	B. E. 20/30+	conv. 5°	Full correction.
146. F.	8	H.	1 <sup>9</sup>	R. E. 20/40 L. E. 20/40	Tentomy of right int.	1 year.	R. E. 20/20— L. E. fingers	parallelism	Full correction.
147. F.	30	H.	1 <sup>30</sup>	R. E. 20/30+ L. E. 8/200	Tentomy of left int., and advancement of left ext.	1 year.	same	parallelism	Full correction.
148. F.	60	E.		R. E. 20/100 L. E. 20/100	Tentomy of left int., and advancement of left ext.	2 years.	R. E. 20/30+ L. E. 20/200	parallelism	Cataract B. E.; ext. simp. B. E. with 3 ms. int.; sub. tenotomy. Following measles two years ago. Full correction.
149. F.	9	H.	1 <sup>9</sup>	R. E. 20/30+ L. E. 20/200	Tentomy of left int.	3 years.	same	conv. 5°	Full correction.
150. F.	14	H.	1 <sup>40</sup>	R. E. 20/20 L. E. 20/100	Tentomy of left int.	3 years.	R. E. 20/20 L. E. 20/100	conv. 1°	Full correction.
151. F.	7	H.	1 <sup>20</sup>	R. E. 20/40 L. E. 20/70	Right int., 3 wks. later. Tentomy of right int., and advancement of right ext.	2 years.	L. E. 20/70+ R. E. 20/200	parallelism	Full correction.
152. M.	7	H.	1 <sup>16</sup>	R. E. 20/20 L. E. 20/20	Tentomy of right int., and advancement of right ext.	3 years.	R. E. 20/20 L. E. 20/20	parallelism	Full correction.
153. M.	9	H.	1 <sup>18</sup>	R. E. 20/20 L. E. 1/200	Tentomy of left int., and advancement of left ext.	2 years.	R. E. 20/20 L. E. 1/200	conv. 3°	Full correction.
154. M.	9	H.	1 <sup>16</sup>	R. E. 20/70 L. E. 20/20	Tentomy of right int.	2 years.	R. E. 20/20 L. E. 20/20	conv. 3°	Full correction.
155. M.	20	H.	1 <sup>18</sup>	R. E. 20/30+ L. E. 20/30+	Tentomy of left int.	1 year.	same	conv. 3°	Full correction.
156. M.	13	H.	1 <sup>4</sup>	R. E. 20/40+ L. E. 20/200	Tentomy of left int., and advancement of left ext.	3 years.	same	parallelism	Full correction of weaker eye (1/7).
157. F.	13	H.	1 <sup>10</sup>	R. E. 20/200 L. E. 20/200	Tentomy of right int.	2 years.	same	conv. 5°	Full correction.
158. M.	8	H.	1 <sup>40</sup>	R. E. 20/30 L. E. 20/20	Left int., 3 wks. later. Tentomy of left int., and advancement of left ext.	3 years.	same	parallelism	Paresis of ext. rect. Full correction.
159. F.	14	H.	1 <sup>30</sup>	R. E. 20/20 L. E. 20/20	Tentomy of right int.	2 years.	same	conv. 5°	Full correction. Phlyct. keratitis R. E.

DR. BULL'S PAPER ON RESULTS OF SQUINT OPERATIONS. — CONTINUED.

Sex.	Age.	Refrac- tion.	Vision.	Operations.	Length of time under Observation.	Ultimate Vision.	Result as to Squint.	Remarks.
160. M.	12	H. 1/24	R. E. 20/20 L. E. 20/30+	Tenotomy of left int.	1 year.	same	conv. 5°	Partial ptosis.
161. M.	20	M. 1/26	R. E. 0 L. E. 20/40	Tenotomy of right int.	2 years.	same	diverg. 5°	Cataract R. E.; complete ext. good result; tenotomy 3 m. later. Full correction.
162. F.	6	H. 1/20	R. E. 10/200 L. E. 20/20	Tenotomy of right int., and advancement right ext.	2 years.	same	parallelism	Full correction.
163. F.	8	H. D. 1	R. E. 20/30+ L. E. 20/20	Tenotomy of left int., and ad- vancement of left ext.	3 years.	same	parallelism	Full correction.
164. M.	6	H. D. 4	R. E. 4/200 L. E. 20/100	Tenotomy of right int., and advancement of right ext.	2 years.	R. E. 4/200 L. E. 20/50+	parallelism	Full correction.
165. F.	12	H. D. 2	R. E. 20/20 L. E. 20/50	Tenotomy of left int.	1 year.	same	conv. 5°	
166. F.	13	H. D. 3	R. E. 20/20 L. E. 10/200	Tenotomy of left int.	1 year.	same	conv. 5°	Leucoma adhaerens L. E.
167. M.	14	H. D. 1.50	R. E. 20/40 L. E. 20/30	Tenotomy of right int. " left int., 3 wks. later.	2 years.	same	diverg. 5°	Full correction.
168. F.	8	M. D. 1	R. E. 20/20 L. E. 20/40	Tenotomy of left int.	1 year.	same	parallelism	M. uncorrected.
169. F.	18	R. + D. 1.50 L. + D. 3.50	R. E. 20/20 L. E. 20/200	Tenotomy of left int., and ad- vancement of left ext.	2 years.	same	parallelism	Full correction B. E.
170. M.	11	H. D. 3	R. E. 20/20 L. E. 20/20	Tenotomy of right int., and advancement of right ext.	1 year.	same	parallelism	Full correction.
171. F.	11	H. D. 1	R. E. 20/20 L. E. 20/20	Tenotomy of right int.	2 years.	same	conv. 5°	Right congenital facial pa- ralysis; squint on same side. Full correction.
172. M.	14	H. D. 2.50	R. E. 20/20 L. E. 20/50	Tenotomy of right int.	3 years.	same	parallelism	Full correction.
173. F.	12	H. D. 2	R. E. 20/20 L. E. 20/30	Tenotomy of left int.	2 years.	same	conv. 3°	Full correction.
174. M.	46	H. D. 1.50	R. E. 20/100 L. E. 2/200	Tenotomy of left int., and ad- vancement of left ext. Ex- cision of pterygium.	1 year.	same	parallelism	Trauma ant. syn. and colo- boma iridis; aphakia in L. E.; T. +; conv. squint R. E.; nasal pterygium. Corneal macula B. E.; full correction.
175. F.	15	H. D. 1	R. E. 20/50 L. E. 20/50	Tenotomy of left int. " right int., 2 wks. later.	2 years.	R. E. 20/30— L. E. 20/50	conv. 5°	Full correction B. E.
176. M.	9	H. D. 2.50	R. E. 20/20 L. E. 20/100	Tenotomy of left int., and ad- vancement of left ext.	1 year.	same	parallelism	Full correction.
177. M.	14	H. D. 3	R. E. 20/20 L. E. 14/200	Tenotomy of left int.	2 years.	same	conv. 5°	Full correction.
178. M.	25	H. D. 2	R. E. 20/200 L. E. 20/20	Tenotomy of right int., and advancement of right ext.	1 year.	same	parallelism	Full correction.



179. F.	23	H. D.	1.30	R. E. 25/30 L. E. 20/20	Tenotomy of left int., and advancement of left ext.	2 years.	same	parallelism	Full correction.
180. M.	15	H. D.	2.25	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	2 years.	same	parallelism	Full correction.
181. F.	7	H. D.	4	R. E. 20/20 L. E. 16/20	Tenotomy of left int., and advancement of left ext.	3 years.	same	parallelism	Full correction.
182. M.	11	H. D.	2.30	R. E. 20/40 L. E. 20/20	Tenotomy of right int.	1 year.	same	parallelism	Full correction.
183. M.	20	H. D.	1.15	R. E. 20/20 L. E. 20/20	Tenotomy of left int., and advancement of left ext.	2 years.	same	parallelism	Full correction B. E.
184. M.	12	H. D.	3.30	R. E. 20/40 L. E. 20/20	Tenotomy of left int., and advancement of right int.	2 years.	R. E. 20/30+ L. E. 20/30	conv. 5°	Full correction.
185. M.	7	H. D.	4	R. E. 20/30 L. E. 20/20	Tenotomy of right int.	3 years.	same	conv. 5°	Full correction.
186. M.	6	H. D.	3	R. E. 20/30 L. E. 20/20	Tenotomy of left int., and advancement of left ext.	1 year.	same	parallelism	Full correction.
187. F.	14	H. D.	1	R. E. 20/20 L. E. 20/20	Tenotomy of right int.	2 years.	same	parallelism	Full correction.
188. M.	14	H. D.	1.30	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	1 year.	same	parallelism	Full correction.
189. F.	9	H. D.	2	R. E. 20/20 L. E. 16/20	Tenotomy of left int., and advancement of left ext.	2 years.	same	parallelism	Paresis of ext. rect. from diptheria two mos. ago.
190. M.	16	H. D.	1	R. E. 20/20 L. E. 20/20	Tenotomy of right int.	1 year.	same	conv. 5°	Full correction.
191. M.	15	M. D.	1.30	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	2 years.	same	parallelism	Full correction.
192. M.	14	H. D.	4	R. E. 20/20 L. E. 20/20	Tenotomy of right int.	4 years.	R. E. 20/70 L. E. 20/20	conv. 5°	Full correction.
193. M.	21	H. D.	6	R. E. 20/30 L. E. 20/30	Tenotomy of left int., and advancement of right int., 2 wks. later.	3 years.	same	conv. 1°	Full correction.
194. F.	13	H. D.	3.30	R. E. 20/70 L. E. 20/100	Tenotomy of left int., and advancement of left ext.	2 years.	R. E. 20/30 L. E. 20/100	parallelism	Full correction.
196. F.	9	M. D.	1	R. E. 20/30 L. E. 10/200	Tenotomy of left int., and advancement of left ext.	2 years.	same	parallelism	Half correction of L. E.
197. M.	10	H. D.	2	R. E. 20/20 L. E. 20/30	Tenotomy of right int., and advancement of right ext.	1 year.	same	parallelism	Full correction.
198. M.	12	H. D.	1.75	R. E. 20/20 L. E. 20/70	Simultaneous tenotomy both internl.	2 years.	same	conv. 5°	Full correction.
199. M.	14	H. D.	4	R. E. 20/20 L. E. 20/30	Tenotomy of left int.	1 year.	same	conv. 5°	Full correction.
200. M.	15	H. D.	1.30	R. E. 20/30 L. E. 20/20	Tenotomy of right int.	1 year.	same	conv. 5°	Full correction.
201. F.	33	H. D.	2.30	R. E. 20/30 L. E. 20/40	Tenotomy of left int., and advancement of right int., 3 wks. later.	2 years.	R. E. 20/20 L. E. 20/40+	parallelism	Full correction.
202. M.	10	H. D.	2	R. E. 20/20 L. E. 20/200	Tenotomy of left int., and advancement of left ext.	2 years.	same	parallelism	Full correction.
203. F.	11	H. D.	4	R. E. 20/40 L. E. 10/200	Tenotomy of left int., and advancement of left ext.	3 years.	R. E. 20/20- L. E. 10/200	parallelism	Full correction.
204. F.	15	H. D.	1.30	R. E. 20/20 L. E. 20/20	Tenotomy of right int., and advancement of left int., 2 wks. later.	4 years.	R. E. 20/200 L. E. 20/20	conv. 5°	Following measles; full correction.

## DR. BULL'S PAPER ON RESULTS OF SQUINT OPERATIONS. — CONTINUED.

Sex.	Age.	Refrac- tion.	Vision.	Operations.	Length of time under Observation.	Ultimate Vision.	Result as to Squint.	Remarks.
205. M.	5 $\frac{1}{2}$	H. D. 2	R. E. 20/30 L. E. 5/200	Tenotomy of left int., and ad- vancement of left ext.	1 year.	same	parallelism	Full correction.
206. M.	9	H. D. 3	R. E. 20/100 L. E. 20/20	Tenotomy of right int. " left int., 4 wks. later.	2 years.	same	conv. 5°	Full correction.
207. F.	23	H. D. 2.75	R. E. 20/100 L. E. 20/50	Tenotomy of right int., and advancement of right ext.	18 mos.	same	diverg. 3°	Rotary nystagmus and conv. squint for one year; full cor- rection.
208. F.	13	H. D. 1	R. E. 20/20 L. E. 20/30	Tenotomy of left int. " right int., 3 wks. later.	3 years.	same	conv. 3°	Full correction.
209. M.	6	H. D. 2	R. E. 20/100 L. E. 20/70	Tenotomy of right int., and advancement of right ext.	2 years.	same	parallelism	Full correction.
210. F.	18	H. D. 2	R. E. 20/200 L. E. 20/30	Tenotomy of right int., and advancement of right ext.	6 years.	R. E. 20/200 L. E. 20/20	parallelism	Full correction.
211. M.	9	H. D. 2	R. E. 20/50 L. E. 20/50	Simultaneous tenotomy both interni.	2 years.	R. E. 20/30 L. E. 20/30	conv. 5°	Marked convergence B. E.
212. M.	12	H. D. 3	B. E. 20/30	Tenotomy of right int. " left int., 2 wks. later.	3 years.	B. E. 20/30+	conv. 5°	Intermittent; full correction.
213. F.	55	H. D. 4.50	R. E. 20/70 L. E. 20/70	Tenotomy of right int., and advancement of right ext.	1 year.	O. U. 20/50	parallelism	Full correction.
214. M.	7	H. D. 3	B. E. 20/30	Tenotomy of left int. " right int., 3 wks. later.	18 mos.	same	conv. 3°	Full correction.
215. F.	10	H. D. 2	R. E. 20/20 B. E. 20/20	Tenotomy of right int.	1 year.	B. E. 20/20	conv. 5°	R. E. full correction. Macula cornea L. E. Full
216. F.	14 $\frac{1}{2}$	H. D. 3	L. E. 20/70	Tenotomy of left int., and ad- vancement of left ext.	2 years.	L. E. 20/70	parallelism	correction.
217. M.	23	H. D. 2	B. E. 20/20	Tenotomy of left int.	1 year.	B. E. 20/20	conv. 3°	L. E. full correction.
218. M.	7	H. D. 3	B. E. 20/40	Tenotomy of left int. " right int., 3 wks. later.	2 years.	R. E. 20/30— L. E. 20/40	conv. 5°	L. E. full correction.
219. F.	23	H. D. 1.50	R. E. 20/30 L. E. 20/50	Tenotomy of left int.	1 year.	R. E. 20/20 L. E. 20/50	parallelism	L. E. full correction.
220. M.	22	H. D. 3	R. E. 20/200 L. E. 20/20	Tenotomy of right int., and advancement of right ext.	1 year.	same	parallelism	Full correction.
221. M.	45	E.	B. E. 20/20	Tenotomy of left int., and ad- vancement of left ext.	1 year.	same	parallelism	Paresis left ext.
222. M.	8	H. D. 1	R. E. 20/200 L. E. 20/30—	Tenotomy of right int. " left int., 3 wks. later.	18 mos.	R. E. 20/40 L. E. 20/20	conv. 3°	Full correction.
223. M.	43	E.	R. E. 20/70 L. E. 20/20	Tenotomy of right int. " left int., 3 wks. later.	1 year.	same	conv. 5°	Choroidal atrophy opacities in vitreous in R. E. Iritis in L. E.
224. M.	20	H. D. 2	R. E. 20/200 L. E. 20/30	Simultaneous tenotomy of both interni.	1 year.	same	divergence 3°	Squint R. E. for 10 years.

225.	M.	Ash.	R. E. 20/70 L. E. 20/30	Tenotomy of right int. " left int., 1 wks. later.	2 years.	R. E. 20/70 L. E. 20/20	conv. 5°	Full correction.
226.	F.	H. D. 1	B. E. 20/50+	Tenotomy of left int.	3 years.	same	conv. 5°	Full correction.
227.	M.	H. D. 2	B. E. 20/50+	Simultaneous tenotomy both internl.	2 years.	B. E. 20/20	parallelism	Both eyes squint.
228.	M.	H. D. 1	R. E. 20/70 L. E. 20/100	Tenotomy of left int., and advancement of left ext.	1 year.	same	parallelism	Paresis of left ext. Neuroretinitis.
229.	F.	H. D. 1-75	R. E. 20/20 L. E. 20/50	Tenotomy of left int.	4 years.	R. E. 20/20 L. E. 20/50	conv. 5°	Correction 2 years later.
230.	M.	H. D. 5	R. E. 20/50 L. E. 20/100	Tenotomy of left int., 3 wks. later	2 years.	same	parallelism	Full correction.
231.	F.	H. D. 1-75	R. E. 20/30 L. E. 20/100	Tenotomy of left ext.	2 years.	same	parallelism	Full correction.
232.	M.	H. D. 1	R. E. 20/20 L. E. 20/100	Tenotomy of left int., and advancement of left ext.	3 years.	B. E. 20/20 R. E. 20/30+	conv. 5°	Full correction.
233.	M.	Ash.	R. E. 20/30 L. E. 20/30	Tenotomy of right int.	1 year.	R. E. 20/30+	conv. 5°	Full correction.
234.	M.	H. D. 3	R. E. 20/30 L. E. 20/50+	Tenotomy of left int.	2 years.	same	conv. 3°	Rotary Nystagmus. Full correction.
235.	M.	H. D. 5	R. E. 20/70 L. E. 20/40+	Tenotomy of left int.	1 year.	same	parallelism	Full correction.
236.	F.	H. D. 3-50	B. E. 20/40+	Tenotomy of left int.	3 years.	same	slight conv.	Squints inwards and upwards L. E. Full correction.
237.	M.	H. D. 5	R. E. 20/40 L. E. 20/70	Tenotomy of left int.	1 year.	same	parallelism	Full correction.
238.	F.	H. D. 1	R. E. 20/20 L. E. 20/50	Tenotomy of left int.	3 years.	same	conv. 3°	Conv. squint and ptosis L. E. from birth.
239.	M.	H. D. 1-50	R. E. 20/20 L. E. 20/200	Tenotomy of left int.	1 year.	B. E. 20/20 R. E. 20/200	parallelism	Full correction.
240.	F.	Asm.	R. E. 20/200 L. E. 20/50-	Tenotomy of right int., and advancement of right ext.	2 years.	L. E. 20/30+	parallelism	Scariatina one week after birth. R. E. post syn. and caps. cat. L. E. myopic.
241.	M.	H. D. 2	R. E. 20/30 L. E. 20/50	Tenotomy of right int.	3 years.	B. E. 20/30+	conv. 3°	Full correction.
242.	M.	H. D. 4	R. E. 20/50 L. E. 10/200	Tenotomy of left int., and advancement of left ext.	1 year.	same	parallelism	Full correction.
243.	F.	H. D. 4	R. E. 20/40 L. E. 20/200	Tenotomy of left int., and advancement of left ext.	2 years.	R. E. 20/30+	parallelism	Full correction.
244.	F.	Ash.	R. E. 20/30 L. E. 20/30	Tenotomy of right int.	1 year.	R. E. 20/30+	parallelism	Full correction.
245.	F.	H. D. 6	R. E. 20/30 L. E. 20/70	Tenotomy of left int.	1 year.	L. E. 20/20	parallelism	Marginal bleph. Full correction.
246.	M.	H. D. 1-50	R. E. 20/20 L. E. 20/20	Tenotomy of right int., 2 wks. later.	2 years.	same	conv. 5°	Full correction.
247.	M.	H. D. 1-50	R. E. 20/30+	Tenotomy of right int.	1 year.	R. E. 20/20 L. E. 20/70	conv. 3°	Full correction.
248.	M.	H. D. 1	R. E. 20/70 L. E. 20/20	Tenotomy of right int., 2 wks. later.	2 years.	same	parallelism	Full correction.
249.	M.	H. D. 1-25	R. E. 20/30+	Tenotomy of right int.	1 year.	same	parallelism	Full correction.
250.	F.	H. D. 4	R. E. 20/50 L. E. 20/50	Tenotomy of right int., 2 wks. later.	2 years.	R. E. 20/50 L. E. 20/30	conv. 5°	Full correction.
251.	F.	H. D. 2-25	R. E. 20/30 L. E. 20/200	Tenotomy of right int., and advancement of left ext.	1 year.	R. E. 20/20 L. E. 20/200	parallelism	R. E. macula cornea. L. E. squint.



DR. BULL'S PAPER ON RESULTS OF SQUINT OPERATIONS. — CONTINUED.

Sex.	Age.	Refraction.	Vision.	Operations.	Length of time under Observation.	Ultimate Vision.	Result as to Squint.	Remarks.
232. M.	14	H. D. 4	R. E. 20/50 L. E. 20/30	Tenotomy of right int. "left int. 2 wks. later.	2 years.	same	conv. 5°	Full correction.
233. F.	12	H. D. 6	R. E. 20/40 L. E. 20/40	Tenotomy of left int., and advancement of left ext.	1 year.	same	conv. 3°	Convulsion 8 months ago followed by squint.
234. F.	7	H. D. 3	B. E. 20/100	Tenotomy both int. and advancement right ext.	1 year.	same	parallelism	B. E. full correction.
235. F.	14	H. D. 2	R. E. 20/70 L. E. 20/30	Tenotomy of right int. "left int. 2 wks. later.	1 year.	same	conv. 5°	R. E. full correction.
236. F.	8	Ash.	R. E. 20/200 L. E. 20/200	Tenotomy of right int. and advancement of right ext.	2 years.	R. E. 20/200 L. E. 20/30	parallelism	R. E. full correction.
237. F.	11	H. D. 5	R. E. 20/20 L. E. 20/20	Tenotomy of right int. and advancement of right ext.	1 year.	same	conv. 5°	R. E. full correction.
238. M.	8	H. D. 4.50	R. E. 20/30 L. E. 20/30	Tenotomy of left int. and advancement of left ext.	2 years.	same	parallelism	L. E. full correction.
239. M.	9	H. D. 2.50	R. E. 20/40 L. E. 20/40	Tenotomy of right int. and advancement of right ext.	1 year.	R. E. 20/200 L. E. 20/30+	parallelism	R. E. full correction.
240. M.	17	H. D. 1.75	R. E. 20/70 L. E. 20/30	Tenotomy of right int. and advancement of right ext.	2 years.	same	parallelism	R. E. full correction.
241. M.	13	Ash.	R. E. 20/30 L. E. 20/40	Tenotomy of left int.	1 year.	R. E. 20/20 L. E. 20/20	parallelism	L. E. full correction.
242. F.	13	Ash.	B. E. 20/40	Tenotomy of left int.	1 year.	R. E. 20/20 L. E. 20/40	parallelism	L. E. full correction.
243. M.	9	H. D. 5.50	B. E. 20.50	Tenotomy of left int. and advancement of left ext.	2 years.	same	parallelism	Paresis left ext. Full correction.
244. F.	26	Em.	R. E. fingers L. E. 20/40+	Tenotomy of right int. and advancement of right ext.	1 year.	same	parallelism	Paresis right ext. in infancy.
245. M.	14	Em.	R. E. 20/70 L. E. 20/70	Tenotomy of right int.	3 years.	same	conv. 3°	R. E.
246. M.	11	H. D. 4	B. E. 20/100 L. E. 20/100	Tenotomy of right int.	5 years.	same	parallelism	Full correction.
247. M.	10	H. D. 3	B. E. 20/200	Tenotomy of right int. and advancement of right ext.	2 years.	same	parallelism	Full correction.
248. F.	17	H. D. 4.50	R. E. 20/200 L. E. 20/40+	Tenotomy of right int. and advancement of right ext.	1 year.	same	parallelism	Full correction.
249. F.	14	H. D. 2.50	R. E. 20/40 L. E. 20/40	Tenotomy of right int. and advancement of right ext.	2 years.	same	conv. 5°	R. E. full correction.
250. F.	11	H. D. 6	R. E. 20/30 L. E. 20/30	Tenotomy of right int. and advancement of right ext.	3 years.	same	parallelism	R. E. full correction.
251. M.	21	H. D. 1	R. E. 20/30 L. E. 20/30	Tenotomy of left int.	1 year.	same	conv. 5°	L. E. full correction.

272. M.	9	H. D. 5.50	R. E. 20/200 L. E. 20/30	Tenotomy of right int., and advancement right ext.	4 years.	same	parallelism	R. E. full correction.
273. M.	11	H. D. 3	R. E. 5/200 L. E. 20/30	Tenotomy of right int., and advancement of right ext.	2 years.	same	parallelism	R. E. full correction.
274. M.	7	H. D. 1.75	R. E. 10/200 L. E. 20/40	Tenotomy of right int., and advancement of right ext.	4 years.	same	parallelism	R. E. full correction.
275. M.	13	Ash. 3.50	R. E. 20/40 L. E. 20/50	Tenotomy of right int.	1 year.	same	conv. 5°	R. E. full correction.
276. F.	23	Ash.	R. E. 30/50 L. E. 18/100	Simultaneous tenotomy of both interni.	6 years.	R. E. 20/50 L. E. 20/50+	divergence 5°	Full correction, squints in B. E.
277. F.	12	Ash.	R. E. 20/30 L. E. 20/50	Tenotomy of left int.	2 years.	same	conv. 3°	Convulsions 1 year ago, followed by squint, full correction. Full correction.
278. M.	19	H. D. 3	R. E. 20/20 L. E. 20/30	Tenotomy of left int., and advancement of left ext.	1 year.	same	parallelism	Following perforating ulcer of cornea in childhood. Full correction.
279. F.	23	Ash.	R. E. 20/30 L. E. 20/200	Tenotomy of both int., and advancement of left ext. 1 mo. later.	1 year.	same	conv. 5°	Full correction. Full correction.
280. F.	21	H. D. 1.25	R. E. 20/20 L. E. 20/20	Tenotomy of right int.	1 year.	same	parallelism	Full correction. Full correction.
281. M.	16	M.	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	2 years.	same	divergence 3°	Full correction. Full correction.
282. F.	19	H. D. 5	R. E. 20/40 L. E. 20/20	Tenotomy of left int., and advancement of left ext.	1 year.	R. E. 20/40 L. E. 20/20	parallelism	Full correction.
283. F.	24	Ash.	R. E. 20/30 L. E. 20/100	Tenotomy of right int.	2½ years.	same	conv. 3°	Constitutional syphilis.
284. F.	7	H. D. 4	R. E. 20/30 L. E. 20/40	Tenotomy of left int.	2 years.	same	conv. 5°	B. E. full correction.
285. M.	14	H. D. 2.50	R. E. 20/20 L. E. 20/100	" right int., 2 wks. later. Tenotomy of left int.	1½ years.	same	conv. 5°	L. E. full correction.
286. M.	18	Ash.	R. E. 20/20 L. E. 20/200	Tenotomy of left int., and advancement of left ext.	2 years.	R. E. 20/50 L. E. 20/200	parallelism	L. E. full correction.
287. M.	28	H. D. 4	R. E. 20/20 L. E. 20/200	Tenotomy of right int., and advancement of right ext.	1 year.	same	parallelism	Full correction.
288. F.	10	H. D. 1	R. E. 20/20 L. E. fingers	Tenotomy of left int., and advancement of right ext.	3 years.	same	parallelism	L. E. full correction.
289. M.	10	H. D. 2.50	R. E. 20/30 L. E. 20/100	Tenotomy of left int., and advancement of left ext.	4 years.	R. E. 20/20 L. E. 20/100	conv. 3°	L. E. full correction.
290. M.	14	M. D. 1.50	R. E. 20/40 L. E. 20/20	Tenotomy of left int.	3 years.	same	divergence 3°	R. E. full correction.
291. F.	11	Ash.	R. E. 20/50 L. E. 20/50+	Tenotomy of right int.	2 years.	B. E. 20/30	parallelism	Marginal blepharitis. Full correction.
292. M.	16	E.	R. E. 20/20	Tenotomy of left int.	1½ years.	same	parallelism	Full correction.
293. M.	8	M. D. 0.50	R. E. 20/30 L. E. 20/70	Tenotomy of left int.	4 years.	R. E. 20/20 L. E. 20/70	conv. 5°	Full correction.
294. F.	10	H. D. 1.75	R. E. 20/20 L. E. 20/40	Tenotomy of left int., and advancement of right ext.	3 years.	same	parallelism	Full correction.
295. M.	15	H. D. 6	R. E. 20/200	Tenotomy of right int., and advancement of right ext.	6 years.	same	parallelism	Full correction.

## DR. BULL'S PAPER ON RESULTS OF SQUINT OPERATIONS.—CONTINUED.

Sex.	Age.	Refrac- tion.	Vision.	Operations.	Length of time under Observation.	Ultimate Vision.	Result as to Squint.	Remarks.
296. F.	11	H. D. 4.50	B. E. 20/50	Tenotomy of left int. " right int., 3 wks. later.	3 years.	B. E. 20/40 +	conv. 3°	Full correction.
297. F.	12	H. D. 2.25	R. E. 20/30 L. E. 20/200	Tenotomy of left int., and ad- vancement of left ext.	1 year.	same	parallelism	Full correction.
298. M.	14	H. D. 4	R. E. 20/50 L. E. 20/30	Tenotomy of right int. " left int., 2 wks. later.	2 years.	same	conv. 5°	Full correction.
299. F.	12	H. D. 2.50 Co. ash.	R. E. 20/50 L. E. 10/200	Tenotomy of left int., and ad- vancement of left ext.	18 mos.	R. E. 20/30 L. E. 10/200	parallelism	Convulsions at 3 mos. of age, followed by squint. Full cor.
300. F.	7	Co. ash.	B. E. 20/100	Tenotomy of both int., simul- taneously.	5 years.	same	conv. 5°	Full correction.
301. F.	14	Ash.	R. E. 20/70 L. E. 20/30	Tenotomy of right int. " left int., 3 wks. later.	2 years.	R. E. 20/70 + L. E. 20/30 +	conv. 3°	Full correction.
302. F.	8	H. D. 3.50	R. E. 20/200 L. E. 20/40	Tenotomy of right int. and advancement of right ext.	4 years.	same	parallelism	Full correction.
303. F.	21	H. D. 5	B. E. 20/20	Tenotomy of left int.	2 years.	same	conv. 5°	Full correction.
304. M.	8	H. D. 4.50	R. E. 20/20 L. E. 20/200	" right int., 2 wks. later. Tenotomy of left int., and ad- vancement of left ext.	1 year.	same	parallelism	Full correction.
305. F.	9	H. D. 2.50 D. 1.75	R. E. 20/200 L. E. 20/40	Tenotomy of right int.	2 years.	R. E. 20/200 L. E. 20/20 -	conv. 5°	Full correction.
306. F.	17	H. D. 4.50	R. E. 20/70 L. E. 20/20	Tenotomy of right int. " left int., 3 wks. later.	1 year.	same	conv. 5°	Full correction.
307. F.	11	H. D. 1	R. E. 20/20 L. E. 20/30	Tenotomy of left int.	5 years.	same	parallelism	L. E. marg. bleph.
308. F.	11	H. D. 6	R. E. 20/30 L. E. 20/70	Tenotomy of left int. " right int., 2 wks. later.	1 year.	same	conv. 5°	Full correction.
309. M.	16	E.	R. E. 20/15 L. E. 20/20	Tenotomy of left int.	18 mos.	same	parallelism	Full correction.
310. M.	8	M. D. 0.10	R. E. 20/30 L. E. 20/30	Tenotomy of left int.	4 years.	same	parallelism	Full correction.
311. F.	10	H. D. 1.25	R. E. 20/40 L. E. 20/50	Tenotomy of left int. " right int., 2 wks. later.	1 year.	R. E. 20/20 - L. E. 20/30	conv. 5°	Full correction.
312. M.	15	H. D. 7	B. E. 20/200	Tenotomy of right int., and ad- vancement of right ext., tenotomy of left int.	2 years.	same	parallelism	Full correction.
313. F.	11	H. D. 5	B. E. 20/50	Tenotomy of right int. " left int., simultane- ously.	1 year.	same	divergence 5°	Full correction.
314. F.	12	H. D. 2.25	R. E. 20/30 L. E. 20/200	Tenotomy of left int., and ad- vancement of left ext.	1 year.	R. E. 20/20 L. E. 20/200	parallelism	Full correction.



315. M.	14	H. D. 4	R. E. 20/50	Tenotomy of right int.	1 year.	same	conv. 3°	Full correction.
316. F.	12	H. D. 5	R. E. 20/20 L. E. 20/20	Tenotomy of right int., and advancement of right ext.	2 years.	same	parallelism	Squint after convulsions at 8 mos. of age; full correction.
317. F.	7	D. 3 Co. ash.	L. E. 20/20 B. E. 20/100	Tenotomy of both int., and advancement of left ext.	4 years.	R. E. 20/50 L. E. 20/100	parallelism	Extreme conv. L. E. No power in left ext. Full correction.
318. F.	14	Ash.	R. E. 20/70	Tenotomy of right int.	1 year.	same	conv. 5°	Full correction.
319. F.	11	H. D. 5	R. E. 20/30 L. E. 20/20	Tenotomy of right int.	2 years.	same	slight conv.	Full correction.
320. M.	8	H. D. 4.50	R. E. 20/20 L. E. 20/20	Tenotomy of left int., and advancement of left ext.	18 mos.	same	parallelism	Full correction.
321. F.	9	H. D. 2.75	R. E. 20/200	Tenotomy of right int.	1 year.	R. E. 20/200	conv. 5°	Full correction.
322. F.	17	H. D. 4.50	R. E. 20/40 L. E. 20/70	Tenotomy of right int., and advancement of right ext.	1 year.	L. E. 20/20—	divergence 3°	Full correction.
323. M.	15	H. D. 1.50	R. E. 20/20—	Tenotomy of left int.	2 years.	same	parallelism	Full correction.
324. M.	13	H. D. 2	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	2 years.	same	slight conv.	Full correction.
325. F.	13	H. D. 1.50	R. E. 20/30 L. E. 20/40	Tenotomy of left int.	1 year.	R. E. 20/30 L. E. 20/40—	slight conv.	L. E. full correction.
326. M.	9	H. D. 5.50	R. E. 20/50	Tenotomy of left int.	2 years.	same	parallelism	Full correction.
327. F.	6	Ash.	R. E. 20/50 L. E. 20/40	Tenotomy of right int., and advancement of right ext.	3 years.	same	parallelism	Full correction.
328. M.	14	H. D. 3	R. E. 20/200	Tenotomy of right int., and advancement of right ext.	4 years.	same	parallelism	R. E. full correction.
329. M.	11	H. D. 4.50	R. E. 20/20 L. E. 20/100	Tenotomy of right int.	5 years.	same	parallelism	Full correction.
330. M.	13	M. D. 3	R. E. 16/200	Tenotomy of right int., and atropine for 2 mos.	2 years.	R. E. 20/100 L. E. 20/30+	conv. 3°	Full correction.
331. F.	17	H. D. 4.50	R. E. 20/200	Tenotomy of right int., and advancement of right ext.	1 year.	R. E. 20/70 L. E. 20/200	parallelism	Full correction.
332. F.	14	H. D. 1.50	R. E. 20/80	Tenotomy of right int.	2 years.	same	conv. 5°	R. E. full correction.
333. F.	11	H. D. 6	R. E. 20/100 L. E. 20/100	Tenotomy of right int., and advancement of right ext.	18 mos.	same	parallelism	Full correction.
334. F.	21	H. D. 0.50	R. E. 20/30+	Tenotomy of left int., and advancement of left int.	1 year.	R. E. 20/20 L. E. 20/70—	conv. 3°	Full correction.
335. M.	9	H. D. 5.50	R. E. 20/70 L. E. 20/200	Tenotomy of right int., and advancement of right int., and advancement of right ext.	1 year.	same	parallelism	Full correction.
336. M.	7	H. D. 1.75	R. E. 20/30—	Tenotomy of left int., and advancement of left int.	3 years.	R. E. 20/20—	conv. 3°	Full correction.
337. M.	13	H. D. 6	R. E. 20/200	Tenotomy of left int., and advancement of left int.	2 years.	L. E. 10/20 B. E. 20/200	parallelism	Full correction.
338. F.	13	H. D. 4	R. E. 20/200	Tenotomy of left int., and advancement of left ext.	6 years.	same	divergence 5°	Full correction.
339. M.	14	H. D. 4	R. E. 20/200 L. E. 20/100	Simultaneous tenotomy of both int., and advancement of right int.	1 year.	R. E. 20/40+ L. E. 20/100	conv. 5°	R. E. full correction.

DR. BULL'S PAPER ON RESULTS OF SQUINT OPERATIONS. — CONTINUED.

Sex.	Age.	Refrac- tion.	Vision.	Operations.	Length of time under Observation.	Ultimate Vision.	Result as to Squint.	Remarks.
344. F.	12	H. D. 1.75	R. E. 20/30+ L. E. 20/30	Tenotomy of left internus.	2 years.	same	conv. 3°	Convulsions at the age of 2 years. Full correction.
345. F.	23	H. D. 2.50	R. E. 20/30— L. E. 2/200	Tenotomy of both internus. One month later advance- ment of left ext. and teno- tomy of left int.	3 years.	same	parallelism	Leticoma adherens and squint L. E.
346. F.	21	H. D. 2.75	R. E. 20/20 L. E. 20/30	Tenotomy of left int. right int., 4 wks. later.	1 year.	same	parallelism	Full correction.
347. M.	16	M. D. 1.50	R. E. 20/50 L. E. 20/200	Tenotomy of left int., and ad- vancement of left ext.	2½ years.	R. E. 20/20— L. E. 20/200	parallelism	Paresis of L. ext.
348. F.	13	H. D. 5.50	R. E. 20/40 L. E. 10/200	Simultaneous tenotomy both interni.	2 years.	same	conv. 5°	Macula cornet. Full correc- tion.
349. M.	6	H. D. 2	R. E. 20/40 L. E. 20/30+	Tenotomy of right int. left int., 3 wks. later.	4 years.	same	conv. 3'	Full correction.
350. F.	7	H. D. 1	R. E. 20/20— L. E. 20/40	Tenotomy of left int.	2 years.	same	slight conv.	L. E. full correction.
351. M.	14	H. D. 3.50	R. E. 20/40 L. E. 20/40	Tenotomy of left int., and ad- vancement of left ext.	1 year.	same	parallelism	L. E. full correction.
352. F.	18	Ash.	R. E. 20/40 L. E. 3/200	Tenotomy of left int., and ad- vancement of left ext.	2 years.	same	conv. 3'	Full correction.
353. F.	20	H. D. 1	R. E. 20/50 L. E. 20/30	Tenotomy of right int. left int., 2 wks. later.	1 year.	same	conv. 5'	Full correction.
354. M.	26	H. D. 1.50	R. E. 10/200 L. E. 20/200	Tenotomy both int., and ad- vancement right ext.	1 year.	same	parallelism	Full correction.
355. F.	16	H. D. 1	R. E. 20/30 L. E. 20/200	Tenotomy of left int., and ad- vancement of left ext.	2 years.	same	conv. 3'	Full correction.
356. M.	10	H. D. 1.50 H. D. 2.50	R. E. 3/200 L. E. 10/100	Tenotomy of left int., and ad- vancement of left ext.	4 years.	same	parallelism	Full correction.
357. M.	9	H. D. 3	R. E. 20/70 L. E. 20/30	Tenotomy of right int. left int., 3 wks. later.	1 year.	same	conv. 10°	Full correction.
358. M.	14	H. D. 3.50	R. E. 20/50 L. E. 4/200	Tenotomy of left int., and ad- vancement of left ext.	2 years.	R. E. 20/40+ L. E. 4/200	conv. 5°	R. E. full correction.
359. M.	27	H. D. 1	R. E. 21/30 L. E. 20/200	Tenotomy of right int.	1 year.	same	parallelism	Full correction.
360. F.	11	H. D. 4	R. E. 20/100 L. E. 20/30	Tenotomy of right int., and advancement right ext.	1 year.	same	parallelism	Full correction.
361. F.	23	Ash. Co.	R. E. 20/20 L. E. 20/40	Tenotomy of left int. right int., 3 wks. later.	1 year.	same	conv. 3°	Full correction.
362. F.	10	H. D. 1.25 D. 3	R. E. 20/20 L. E. 20/30—	Tenotomy of left int., 3 wks. later.	3 years.	same	conv. 3°	Full correction.

363. M.	5	H. D. 1.25	R. E. 20/20	Tenotomy of left int.	1 year.	same	conv. 5°	Full correction.
364. M.	7	H. D. 2.75	L. E. 20/40	Tenotomy of left int.	3 years.	same	parallelism	Full correction.
365. M.	10	H. D. 5.50	L. E. 20/30	Tenotomy of right int.	2 years.	same	conv. 5°	Full correction.
366. F.	14	H. D. 1.50	L. E. 20/200	Tenotomy of left int.	1 year.	same	conv. 3°	Full correction.
367. M.	11	H. D. 1.50	L. E. 20/30	Tenotomy of left int.	2 years.	same	very slight conv. without his glasses	Full correction.
368. M.	8	H. D. 1	R. E. 20/20	Tenotomy of left int.	2 years.	same	parallelism	Full correction.
369. F.	13	H. D. 5.50	L. E. 20/100	Tenotomy of left int., and advancement of left ext.	1 year.	same	conv. 3°	L. E. full correction.
370. F.	15	H. D. 3	R. E. 20/30	Tenotomy of left int., and advancement of left ext.	1 year.	same	parallelism	L. E. full correction.
371. M.	14	H. D. 1.50	L. E. 20/200	Tenotomy of right int.	2 years.	same	parallelism	R. E. full correction.
372. F.	14	H. D. 2	R. E. 20/70	Tenotomy of right int.	1 year.	same	conv. 5°	R. E. full correction.
373. M.	24	H. D. 10	L. E. 20/20	Tenotomy of left int., and advancement of left ext.	1 year.	same	conv. 3°	Full correction.
374. M.	30	H. D. 1.50	L. E. 20/30	Tenotomy of left int., and advancement of left ext.	1 year.	same	parallelism	Full correction.
375. M.	42	H. D. 1	R. E. 20/20	Tenotomy of left int., and advancement of left ext.	6 mos.	same	conv. 5°	Full correction.
376. F.	13	H. D. 4.50	L. E. 20/70	Tenotomy of left int., and advancement of left ext.	4 years.	R. E. 20/40+ L. E. 4/200	parallelism	Full correction.
377. F.	6	H. D. 1.50	B. E. 20/20	Tenotomy of right int.	2 years.	same	conv. 5°	Full correction.
378. F.	9	H. D. 3	L. E. 20/50	Tenotomy of left int.	4 years.	R. E. 20/30 L. E. 20/50	conv. 3°	Full correction.
379. F.	15	Em.	L. E. 20/20	" right int., 3 wks. later.	18 mos.	same	parallelism	
380. M.	22	Ash.	L. E. 20/20	Tenotomy of left int.	1 year.	same	conv. 5°	Full correction.
381. F.	12	H. D. 5	R. E. 20/30	Tenotomy of left int.	2 years.	same	conv. 5°	Full correction.
382. M.	6	M. D. 1.50	B. E. 20/70	Tenotomy of right int.	5 years.	B. E. 20/30	slight conv.	Full correction.
383. M.	42	Ash.	L. E. 20/30	Tenotomy of right int.	8 mos.	same	conv. 3°	Full correction.
384. F.	27	Ash.	L. E. 20/30	" left int., 3 wks. later.	18 mos.	same	parallelism	Full correction.
385. M.	14	H. D. 1.50	R. E. 20/30	Tenotomy of right int.	2 years.	same	slight conv.	Full correction.
386. F.	3	H. D. 3	B. E. 20/40	Tenotomy of left int., and advancement of left ext.	5 years.	R. E. 20/30 L. E. 20/200	parallelism	Full correction.



## DR. BULL'S PAPER ON RESULTS OF SQUINT OPERATIONS. — CONTINUED.

Sex.	Age.	Refrac- tion.	Vision.	Operations.	Length of time under Observation.	Ultimate Vision.	Result as to Squint.	Remarks.
387. F.	17	H. D. 5.50	R. E. 20/30 L. E. 4/200	Tenotomy of left int., and ad- vancement of left ext.	1 year.	same	conv. 5°	Full correction.
388. F.	11	H. D. 1.50 D. 3	R. E. 20/30 L. E. 20/200	Tenotomy of left int., and ad- vancement of left ext.	1 year.	same	conv. 5°	Full correction.
389. F.	6	H. D. 1.50	R. E. 20/70 L. E. 20/50+	Tenotomy of right int. " left int., 3 wks. later.	5 years.	same	slight conv.	Full correction.
390. F.	14	H. D. 0.50	R. E. 20/20 L. E. 20/20	Tenotomy of right int.	2 years.	same	slight conv.	Full correction.
391. M.	18	H. D. 1.25	R. E. 20/30 L. E. 20/30	Tenotomy of left int.	1 year.	same	slight conv.	Full correction.
392. M.	11	H. D. 3	R. E. 20/100 L. E. 20/100	Tenotomy of right int. " left int., 2 wks. later.	18 mos.	same	conv. 5°	Full correction.
393. M.	9	H. D. 1	R. E. 20/30 L. E. 20/30	Tenotomy of right int.	1 year.	same	conv. 5°	Full correction.
394. F.	16	H. D. 3.50	R. E. 20/50 L. E. 20/50	Tenotomy of left int. " right int., 2 wks. later.	2 years.	B. E. 20/30	diverg. 3°	Encanthis. Full correction.
395. M.	15	H. D. 2	R. E. 10/200 L. E. 20/30	Tenotomy of right int., and advancement of right ext.	20 mos.	same	parallelism	No fixation with R. E. Pare- sis of right ext.
396. F.	15	H. D. 0.75	R. E. 20/30 L. E. 20/30	Tenotomy of right int.	3 years.	same	conv. 3°	Full correction.
397. F.	6	H. D. 1.50	R. E. 20/30 L. E. 20/20	Tenotomy of right int. " right int., 2 yrs. later.	4 years.	same	parallelism	Full correction.
398. M.	13	Ash.	R. E. 20/20 L. E. 20/30	Tenotomy of left int.	1 year.	same	parallelism	Full correction.
399. M.	7	Co. Ash.	R. E. 20/30 L. E. 20/50	Tenotomy of right int.	1 year.	B. E. 20/50	parallelism	Full correction.
400. M.	14	H. D. 3	R. E. 20/30 L. E. 20/30	Tenotomy of left int. " right int., 3 wks. later.	2 years.	same	conv. 5°	Full correction.
401. F.	8	H. D. 4.50	R. E. 20/30 L. E. 20/30	Simultaneous tenotomy both interni.	3 years.	same	conv. 5°	Weak ext.
402. M.	14	H. D. 4	R. E. 20/200 L. E. 20/30	Tenotomy of right int., and advancement of right ext.	2½ years.	same	parallelism	Full correction.
403. F.	1	H. D. 2.50	R. E. 20/40 L. E. 20/40+	Tenotomy right int. at age of 5 " left int. later.	3½ years.	same	conv. 3°	Weak ext.
404. F.	15	H. D. 4.50	R. E. 20/70 L. E. 10/2000	Tenotomy of left int., and ad- vancement of left ext.	2 years.	same	conv. 5°	Full correction.
405. F.	22	H. D. 4.50	R. E. 20/30 L. E. 20/20	Tenotomy of right int. " left int., 6 wks. later.	3 years.	same	conv. 5°	Full correction.
406. M.	14	H. D. 4	R. E. 20/70 L. E. 20/20	Tenotomy right int. " left int., 2 wks. later.	18 mos.	same	conv. 5°	Full correction.
407. F.	14	H. D. 1.50	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	2 years.	same	conv. 5°	Full correction.
408. F.	14	H. D. 3	R. E. 20/20 L. E. 20/20	Tenotomy of right int. " left int., 3 wks. later.	1 year.	same	conv. 3°	Full correction.
409. F.	10	H. D. 7	R. E. 20/200 L. E. 15/200	Tenotomy of left int., and ad- vancement of left ext.	2½ years.	same	parallelism	Full correction.

410. M.	10	H. D. 6, 3	B. E. 20/100	Tenotomy of left int. " right int., 2 wks. later.	1 year.	same	conv. 5°	Full correction.
411. M.	13	H. D. 1	B. E. 20/20	Tenotomy of right int.	2 years.	same	very slight conv.	R. E. full correction.
412. M.	8	H. D. 2	R. E. 20/100	Tenotomy of right int., and advancement of right ext.	2 years.	same	parallelism	Came on after a fall. Paresis right ext. Full correction.
413. F.	13	H. D. 2, 30	L. E. 20/20	Tenotomy of left int.	1 year.	same	parallelism	Full correction.
414. F.	13	H. D. 2	L. E. 20/40+	" right int., 2 wks. later.	1 year.	same	slight conv.	Full correction.
415. F.	19	H. D. 5	R. E. 20/200	" right int., 3 wks. later.	1 year.	R. E. 20/70	conv. 3°	Weak externi.
416. M.	12	H. D. 1, 75	L. E. 20/30	Tenotomy of both int.	3 years.	R. E. 20/30	parallelism	Full correction.
417. M.	23	Co. Ash.	L. E. 20/100	Tenotomy of left int., and advancement of left ext.	2 years.	L. E. 20/100	conv. 5°	Full correction.
418. F.	12	Co. Ash.	L. E. 20/40	Tenotomy of right int.	1 year.	same	parallelism	Full correction.
419. M.	14	H. D. 4	L. E. 20/50	Tenotomy of left int.	2 years.	same	conv. 5°	Full correction.
420. M.	29	H. D. 3	R. E. 20/30-	" right int., 2 wks. later.	1 year.	same	parallelism	Corneal maculae. Full correction.
421. M.	12	H. D. 2	L. E. 20/100	Tenotomy of right int., and advancement of right ext.	3 years.	same	parallelism	Full correction.
422. M.	21	H. D. 2, 30	R. E. 20/40	Tenotomy of left int.	1 year.	same	parallelism	Full correction.
423. F.	47	H. D. 3	L. E. 20/200	" left int., 1 mo. later.	1 year.	same	conv. 5°	Full correction.
424. F.	17	H. D. 4	R. E. 20/30-	Tenotomy of right int.	1 year.	same	parallelism	Full correction.
425. F.	8	H. D. 4, 30	L. E. 20/200	Tenotomy of right int., and advancement of right ext.	1 year.	R. E. 20/30	conv. 5°	Full correction.
426. F.	25	H. D. 4, 30	L. E. 20/200	Tenotomy of left int.	1 year.	L. E. 20/30	parallelism	Full correction.
427. M.	7	H. D. 1, 30	R. E. 20/70	Tenotomy of left int.	3 years.	same	conv. 3°	Full correction.
428. F.	10	Ash. Co.	L. E. 20/40	" right int., 2 wks. later.	1½ years.	R. E. 20/40+	parallelism	Full correction.
429. F.	14	H. D. 1, 30	R. E. 20/70	Tenotomy of left int., and advancement of left ext.	2 years.	L. E. 20/200	conv. 3°	Full correction.
430. F.	18	H. D. 1	B. E. 20/30	Tenotomy of right int.	1 year.	same	conv. 5°	Full correction.
431. M.	10	H. D. 4	R. E. 20/50	" left int., 3 wks. later.	3 years.	same	divergence 3°	Full correction.
432. M.	14	Em.	L. E. 20/20	Tenotomy of both int. simultaneously.	18 mos.	same	slight conv.	L. E. following a fall on back of head.
433. M.	52	H. D. 1	R. E. 10/200	Tenotomy of left int., and advancement of left ext.	1 year.	same	parallelism	Full correction.

DR. BULL'S PAPER ON RESULTS OF SQUINT OPERATIONS.—CONTINUED.

Sex.	Age.	Refrac- tion.	Vision.	Operations.	Length of time under Observation.	Ultimate Vision.	Result as to Squint.	Remarks.
434. F.	7	H. D. 1.50	R. E. 20/30— L. E. 20/20	Tenotomy of right int.	2 years.	same	conv. 3°	L. E. marg. bleph. and cha- lazion.
435. F.	6	H. D. 2	B. E. 20/30— L. E. 20/30	Tenotomy of both int.	3 years.	same	conv. 10°	Marked conv. B. E. Full cor- rection.
436. F.	15	Co. Ash.	R. E. 20/50 L. E. 20/100	Tenotomy of left int., and ad- vancement of left ext.	1 year.	same	parallelism	Full correction.
437. M.	13	H. D. 3	R. E. 20/40— L. E. 20/20	Tenotomy of left int.	2 years.	same	conv. 3°	L. E. full correction.
438. F.	13	H. D. 2.75	R. E. 20/30— L. E. 20/30	Tenotomy of left int.	2 years.	same	very slight conv.	Diphtheria, weak ext. Full correction.
439. M.	8	H. D. 1.50	R. E. 20/30— L. E. 20/40	Tenotomy of left int.	1 year.	same	conv. 3°	Full correction.
440. F.	7	H. D. 1.25	R. E. 20/20— L. E. 20/40	Tenotomy of right int., 1 mo. later.	3 years.	same	slight conv.	R. E. full correction.
441. F.	17	H. D. 4.50	R. E. 20/40— L. E. 20/40	Tenotomy of both int., and advancement of left ext.	1 year.	same	diverg. 3°	Full correction.
442. M.	13	Co. Ash.	R. E. 20/30— L. E. 20/30	Tenotomy of right int.	2 years.	same	conv. 3°	Full correction.
443. F.	15	H. D. 1.50	R. E. 20/30— L. E. 20/30	Tenotomy of right int.	1 year.	same	conv. 5°	R. E. full correction.
444. F.	12	H. D. 5	R. E. 20/30— L. E. 20/30	Tenotomy of left int.	5 years.	same	conv. 5°	Convergens and sursum ver- gens. Full correction.
445. F.	13	H. D. 2	R. E. 20/20— L. E. 20/70	Tenotomy of right int. 1 <sup>st</sup> right int., 2 wks. later.	1 year.	same	parallelism	R. E. measles and croup. Full correction.
446. F.	7	H. D. 3.50	R. E. 20/30— L. E. 20/30	Tenotomy of left int., and ad- vancement of left ext.	2 years.	same	parallelism	Full correction.
447. M.	15	H. D. 1.50	R. E. 20/20— L. E. 20/20	Tenotomy of right int.	1 year.	same	conv. 5°	R. E. full correction.
448. M.	13	H. D. 4	R. E. 20/70 L. E. 10/200	Tenotomy of left int., and ad- vancement of left ext.	2 years.	same	parallelism	L. E. full correction.
449. F.	10	H. D. 3	R. E. 20/20— L. E. 10/200	Tenotomy of left int., and ad- vancement of left ext.	4 years.	same	parallelism	Full correction.
450. M.	19	H. D. 3	R. E. 20/20— L. E. 20/20	Tenotomy of left int., and ad- vancement of left ext.	1 year.	same	parallelism	Full correction.
451. M.	8	Ash.	R. E. 20/50 L. E. 20/40	Tenotomy of right int. 1 <sup>st</sup> left int., 2 wks. later.	2 years.	R. E. 20/40— L. E. 20/30	slight conv.	R. E. full correction.
452. M.	12	Co. Ash.	R. E. 20/40— L. E. 10/200	Tenotomy of left int., and ad- vancement of left ext.	1 year.	same	parallelism	L. E. full correction.
453. F.	12	H. D. 2.50	R. E. 20/70— L. E. 20/20	Tenotomy of right int. 1 <sup>st</sup> left int., 3 wks. later.	2 years.	same	conv. 3°	R. E. full correction.



454.	M.	14	Asm. D. 1.50	R. E. 20/70 L. E. 20/50	Tenotomy of right int. " left int., 2 wks. later.	1 year.	R. E. 20/50 L. E. 20/40—	parallelism	R. E. full correction.
455.	M.	10	H. D. 4	R. E. 20/50 L. E. 20/40+	Tenotomy of right int., and advancement of right ext.	2 years.	same	parallelism	R. E. full correction.
456.	M.	12	H. D. 1.50	R. E. 20/20— L. E. 20/20—	Tenotomy of left int.	1 year.	same	conv. 3°	L. E. full correction.
457.	F.	15	H. D. 2.50	R. E. 20/70 L. E. 20/20	Tenotomy of right int. " left int., 3 wks. later.	1 year.	same	parallelism	R. E. full correction.
458.	F.	15	H. D. 1	R. E. 20/20 L. E. 20/20	Tenotomy of right int.	2 years.	same	slight conv.	R. E. full correction.
459.	M.	13	H. D. 5	R. E. 20/40 L. E. 20/200	Tenotomy of left int., and ad- vancement of left ext.	18 mos.	R. E. 20/30 L. E. 20/200	parallelism	L. E. full correction.
460.	M.	21	H. D. 1.25 D. 1.50 Ash. Co.	R. E. 20/30 L. E. 20/70	Tenotomy of left int.	2 years.	same	parallelism	Full correction.
461.	M.	9	H. D. 2.50	R. E. 20/70 L. E. 5/100	Tenotomy of left int. " right int., 2 wks. later.	3 years.	same	conv. 10°	Full correction.
462.	M.	6	H. D. 2.50	R. E. 20/20— L. E. 20/20—	Tenotomy of left int.	2 years.	same	conv. 3°	Full correction.
463.	M.	6	H. D. 5.50	R. E. 10/200 L. E. 20/70	Tenotomy of right int., and advancement of right ext.	4 years.	same	parallelism	R. E. full correction.
464.	F.	14	H. D. 2.50	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	1 year.	same	conv. 5°	Full correction.
465.	F.	15	H. D. 2	R. E. 20/200 L. E. 20/20	Tenotomy of right int., and advancement of right ext.	18 mos.	same	parallelism	R. E. full correction.
466.	M.	24	Ash.	R. E. 20/40 L. E. 20/40—	Tenotomy of left int. " right int., 3 wks. later.	1 year.	same	slight conv.	Full correction.
467.	M.	15	H. D. 6	R. E. 10/200 L. E. 20/70	Tenotomy of right int., and advancement of right ext.	1 year.	same	parallelism	R. E. full correction.
468.	M.	14	H. D. 3	R. E. 20/40+ L. E. 20/200	Tenotomy of left int., and ad- vancement of left ext.	2 years.	same	conv. 3°	Full correction.
469.	F.	6	H. D. 3	R. E. 20/30— L. E. 5/100	Tenotomy of left int., and ad- vancement of left ext.	3 years.	same	parallelism	Full correction.
470.	M.	44	H. D. 2.25	R. E. 20/200— L. E. 20/70+	Tenotomy of right int., and adv. of right ext. 3 w. later.	8 mos.	same	conv. 5°	Retinal hem.; low grade of neuritis R. E.
471.	M.	14	H. D. 1	R. E. 20/20— L. E. 20/20—	Tenotomy of right int.	4 years.	same	conv. 5°	R. E. full correction.
472.	M.	42	H. D. 2.50	R. E. 20/200 L. E. 20/30—	Tenotomy of right int., and advancement of right ext.	1 year.	same	parallelism	L. E. full correction.
473.	F.	6	H. D. 2.50	R. E. 20/70 L. E. 20/200	Tenotomy of left int. " right int., 3 wks. later.	5 years.	R. E. 20/40+ L. E. 20/200	conv. 5°	Full correction.
474.	M.	14	H. D. 1.50	R. E. 20/30 L. E. 20/20	Tenotomy of right int.	1 year.	same	conv. 5°	R. E. full correction.
475.	F.	18	H. D. 2.50	R. E. 20/20 L. E. 20/70—	Tenotomy of left int.	5 years.	same	conv. 5°	Full correction.
476.	F.	11	H. D. 7	R. E. 20/50 L. E. 15/200	Tenotomy of left int., and ad- vancement of left ext.	5 years.	same	parallelism	Measles and diphtheria 7 yrs. age; full correction.
477.	F.	14	H. D. 1 L. 3.50	R. E. 20/20 L. E. 20/100	Tenotomy of left int., and ad- vancement of left ext.	2 years.	same	parallelism	L. E. full correction.

DR. BULL'S PAPER ON RESULTS OF SQUINT OPERATIONS.—CONTINUED.

Sex.	Age.	Refraction.	Vision.	Operations.	Length of time under Observation.	Ultimate Vision.	Result as to Squint.	Remarks.
478. F.	6	H. D. 1.50	R. E. 20/30 L. E. 20/30	Tenotomy of right int.	2 years.	same	conv. 3°	R. E. conj.; full correction.
479. M.	13	H. D. 2	B. E. 20/20	Tenotomy of right int.	1 year.	same	conv. 5°	R. E. full correction.
480. F.	12	H. D. 1.25	B. E. 20/20	Tenotomy of left int.	1 year.	same	slight conv.	L. E. full correction.
481. M.	14	H. D. 1.50	R. E. 20/20— L. E. 20/100	Tenotomy of left int. " right int., 3 wks. later.	2 years.	R. E. 20/20 L. E. 20/40—	conv. 5°	L. E. ulcer of cornea: full correction.
482. M.	8	H. D. 2.25	R. E. 20/30 L. E. 20/100	Tenotomy of left int., and advancement of left ext.	18 mos.	same	parallelism	Full correction.
483. F.	7	H. D. 3	R. E. 20/40 L. E. 20/200	Tenotomy of left int., and advancement of left ext.	4 years.	same	parallelism	Full correction.
484. F.	14	H. D. 1.50	R. E. 20/20	Tenotomy of right int.	1 year.	same	conv. 3°	R. E. full correction.
485. F.	8	H. D. 2	B. E. 20/20—	Tenotomy of right int.	18 mos.	same	conv. 5°	Full correction.
486. M.	9	H. D. 4	R. E. 20/50 L. E. 20/200	Tenotomy of left int., and advancement of left ext.	1 year.	same	parallelism	Full correction.
487. M.	9	H. D. 2.50	R. E. 20/40 L. E. 20/30+	Tenotomy of right int. " left int., 2 wks. later.	1 year.	same	conv. 3°	R. E. full correction.
488. F.	7	H. D. 3	R. E. 20/100 L. E. 20/40+	Tenotomy of right int., and advancement of right ext.	2 years.	same	parallelism	Full correction.
489. M.	13	Em.	B. E. 20/20	Tenotomy of left int., and advancement of left ext.	1 year.	same	conv. 5°	Paresis of left ext. from diphtheria 5 weeks ago.
490. M.	13	M. D. 5.50 D. 6	R. E. 20/70 L. E. 20/200	Tenotomy of left int. " right int., 2 wks. later.	1 year.	same	divergence 5°	Full correction.
491. F.	14	H. D. 2	B. E. 20/30	Tenotomy of right int. " left int., 2 wks. later.	2 years.	same	slight conv.	Full correction.
492. F.	6	H. D. 1.50	B. E. 20/20	Tenotomy of right int. " left int., 2 wks. later.	3 years.	same	parallelism	Full correction.
493. F.	18	H. D. 3.50	R. E. 20/70 L. E. 20/20	Tenotomy of left int. " right int., 4 mos. later.	2 years.	same	slight conv.	Full correction.
494. M.	12	H. D. 1.75	R. E. 20/40 L. E. 20/20	Tenotomy of right int.	2 years.	same	conv. 5°	R. E. full correction.
495. M.	34	Ash.	R. E. 20/70 L. E. 20/30	Tenotomy of right int., and advancement of right ext. 2 weeks later. Tenotomy of left int.	8 mos.	same	diverg. 3°	Full correction.
496. M.	13	H. D. 3	R. E. 20/50 L. E. 20/50+	Tenotomy of right int.	2 years.	same	conv. 3°	R. E. full correction.

497. M.	8	H. D. 5	R. E. 20/100— L. E. 20/50+ L. E. 20/50+ L. E. 20/50+ B. E. 20/20	Tenotomy of right int., and advancement of right ext. Tenotomy of right int., and advancement of right ext. Tenotomy of right int.	3 years.	same	parallelism conv. 3°	Full correction.
498. F.	13	H. D. 4.30	R. E. 20/100— L. E. 20/50+ L. E. 20/50+ B. E. 20/20	Tenotomy of right int., and advancement of right ext. Tenotomy of right int., and advancement of right ext. Tenotomy of right int.	2 years.	same	conv. 5°	R. E. full correction. L. E. full correction.
499. F.	6	H. D. 1.50	B. E. 20/20	Tenotomy of right int.	4 years.	same	slight conv.	Full correction.
500. F.	8	H. D. 5	B. E. 20/200	Tenotomy of left int., and advancement of left ext.	2 years.	same	conv. 5°	R. E. full correction.
501. M.	6	H. D. 2	R. E. 20/30— L. E. 20/20 B. E. 20/50+	Tenotomy of right int. " left int., 2 wks. later. Tenotomy of right int. " left int., 2 wks. later.	4 years.	same	conv. 3°	R. E. full correction. R. E. full correction.
502. M.	12	Asb.	B. E. 20/30+	Tenotomy of right int.	1 year.	same	parallelism	Full correction.
503. F.	8	H. D. 2	R. E. 20/30+	Tenotomy of right int.	2 years.	same	parallelism	Full correction.
504. F.	15	H. D. 3	R. E. 10/200 L. E. 20/30— L. E. 20/30— L. E. 20/30— B. E. 20/20	Tenotomy of right int., and advancement of right ext. Tenotomy of left int. " right int., 8 mos. later. Tenotomy of left int.	1 year.	R. E. 20/70 L. E. 20/30—	parallelism conv. 3°	R. E. keratitis; full correction later. Full correction.
505. M.	15	H. D. 1.50	B. E. 20/20	Tenotomy of left int.	2 years.	same	parallelism	Full correction.
506. F.	6	H. D. 2	R. E. 20/30	Tenotomy of left int., and advancement of left ext.	4 years.	same	parallelism	Full correction.
507. F.	16	H. D. 2.25	R. E. 20/30 L. E. 20/100 B. E. 20/20	Tenotomy of left int., and advancement of left ext. Tenotomy of right int.	1 year.	same	conv. 5°	Full correction.
508. F.	15	H. D. 1	B. E. 20/20	Tenotomy of left int.	1 year.	same	conv. 5°	R. E. full correction.
509. M.	13	H. D. 5	B. E. 20/100	Tenotomy of left int.	2 years.	same	conv. 5°	Full correction.
510. F.	15	H. D. 2	B. E. 20/30—	Tenotomy of left int.	1 year.	same	conv. 5°	Full correction.
511. M.	12	H. D. 1.30	R. E. 20/40— L. E. 20/20 L. E. 20/20 L. E. 20/20 B. E. 10/200	Tenotomy of right int. " left int., 2 wks. later. Simultaneous tenotomy both intern.	1 year.	same	parallelism	R. E. full correction.
512. M.	13	H. D. 1.25	R. E. 20/20 L. E. 20/20 B. E. 10/200	Tenotomy of right int., and advancement of left ext.	18 mos.	same	conv. 3°	B. E. very marked conv. Full correction.
513. F.	9	H. D. 1.50	R. E. 10/200	Tenotomy of left int., and advancement of left ext.	2 years.	same	parallelism	Maculae cornea B. E.
514. M.	8	H. D. 1.75	R. E. 10/200 L. E. light B. E. 20/20	Tenotomy of left int., and advancement of left ext. Tenotomy of right int.	3 years.	same	conv. 3°	L. E. detached retina downward and outwards.
515. M.	7	H. D. 1	R. E. 20/20	Tenotomy of right int.	2 years.	same	parallelism	R. E. full correction.
516. F.	7	H. D. 1.25	R. E. 20/30+ L. E. 20/200 L. E. 20/20 L. E. fingers	Tenotomy of left int. Tenotomy of left int., 12 years ago.	3 years.	R. E. 20/20 L. E. 20/200	div. 3°	Rotary nystagmus; full correction.
517. F.	30	H. D. 2	B. E. 20/20	Tenotomy of left int., and advancement of left ext. Tenotomy of left int., and advancement of left ext. Tenotomy of left int., and advancement of left ext.	1 year.	same	parallelism	Both ext. weak; full correction.
518. F.	14	H. D. 3	B. E. 20/100 unimproved	Tenotomy of left int., and advancement of left ext.	1 year.	same	conv. 5°	Nystagmus. Dau. of preceding. Full correction.
519. M.	6	H. D. 3	B. E. 20/70	Tenotomy of left int., and advancement of left ext.	1 year.	same	parallelism	Son of preceding. Full correction.



DR. BULL'S PAPER ON RESULTS OF SQUINT OPERATIONS.—CONTINUED.

Sex.	Age.	Refraction.	Vision.	Operations.	Length of time under Observation.	Ultimate Vision.	Result as to Squint.	Remarks.
520. M.	18	H. D. 1.50	R. E. 20/20 L. E. 20/200	Tenotomy of left int., and advancement of left ext.	1 year.	same	parallelism	No fixation with L. E. Occasional transient total loss of vision in L. E. Full correction.
521. M.	17	H. D. 4 D. 2 ax. 90° D. 3.50 ax. 90° H. D. 5	R. E. 20/100+ L. E. 20/20	Tenotomy of right int. and advancement of right ext.	8 years.	same	parallelism	Weak right ext. Full correction.
522. F.	10	H. D. 5	B. E. 20/50+	Tenotomy of right int., and advancement right ext.	9 years.	same	parallelism	Full correction.
523. F.	9	H. D. 2.50	R. E. 20/100 L. E. 20/20	Tenotomy of right int.	1 year.	same	conv. 5°	Full correction.
524. F.	12	Em.	B. E. 20/20+	Tenotomy of right int.	2 years.	same	parallelism	Followed pertussis R. E.
525. M.	8	H. D. 6	B. E. 20/100	Tenotomy of left int., and advancement of left ext.	18 mos.	same	conv. 5° R. E.	Full correction.
526. M.	11	H. D. 6	R. E. 20/200 L. E. 20/100	Tenotomy of right int.	1 year.	R. E. 20/200 L. E. 20/70—	conv. 3°	Full correction.
527. F.	13	H. D. 3	R. E. 20/40+ L. E. 20/200	Tenotomy of left int., and advancement of left ext.	1 year.	same	parallelism	L. E. full correction.
528. F.	14	H. D. 5	B. E. 20/100	Simultaneous tenotomy both interni.	1½ years.	same	conv. 3°	Full correction.
529. F.	15	H. D. 3.50	B. E. 20/50+	Tenotomy of right int.	1 year.	same	slight conv.	R. E. full correction.
530. F.	6	H. D. 5.50	R. E. 20/100 L. E. 10/200	Tenotomy of left int., and advancement of left ext.	3 years.	R. E. 20/50 L. E. 10/200	parallelism	L. E. full correction.
531. M.	14	H. D. 1.50	B. E. 20/20	Tenotomy of right int.	1 year.	same	conv. 3°	R. E. full correction.
532. M.	7	H. D. 4	R. E. 20/50+ L. E. 20/70—	Tenotomy of left int., and advancement of left ext.	2 years.	same	conv. 5°	Paresis left ext. Full correction.
533. M.	18	H. D. 1	B. E. 20/20	Tenotomy of right int.	8 mos.	same	parallelism	Full correction.
534. F.	15	H. D. 5	R. E. 20/200 L. E. 20/40	Tenotomy of right int., and advancement of right ext.	7 years.	same	parallelism	Full correction.
535. F.	17	H. D. 4	R. E. 20/50 L. E. 20/200	Tenotomy of right int., and advancement of right ext.	1 year.	same	parallelism	Weak ext. rect. Full correction.
536. M.	15	H. D. 1.50	B. E. 20/20	Tenotomy of left int.	2 years.	same	conv. 3°	L. E. full correction.
537. F.	14	H. D. 4 D. 5.50	R. E. 20/50 L. E. 20/100	Tenotomy of left int., and advancement of left ext.	2 years.	R. E. 20/30— L. E. 20/100	parallelism	Full correction.

538. M.	13	H. D. 5	B. E. 20/70	Tenotomy of right int. left int., 1 week later.	1 year.	same	conv. 5°	Full correction.
539. M.	6	H. D. 3	R. E. 20/35 L. E. 20/50	Tenotomy of left int. " right int., 2 wks. later.	3 years.	same	conv. 3°	Full correction.
540. M.	10	H. D. 2	B. E. 20/20	Tenotomy of right int. " left int., 1 week later.	2 years.	same	parallelism	Full correction; at first div.; later parallelism.
541. M.	68	D. 1	R. E. 20/50 L. E. fingers	Tenotomy of left int. and advancement of left ext.	6 mos.	same	parallelism	Cataract; extraction subsequently made with good result.
542. F.	32	H. D. 1.50	R. E. 20/20 L. E. fingers	Tenotomy of left int. and advancement of left ext.	1 year.	same	parallelism	Full correction.
543. M.	6	M. D. 2	B. E. 5/200	Tenotomy of right int. " left int., 2 wks. later.	2 years.	B. E. 20/200	conv. 5°	Ophthalmia neonat.; now interstitial keratitis.
544. M.	15	H. D. 3	B. E. 20/30	Tenotomy of left int. " right int., 1 week later.	1 year.	same	conv. 3°	Full correction.
545. M.	15	H. D. 6	B. E. 20/200	Tenotomy of right int. and advancement of right ext.	2½ years.	same	parallelism	Encanthis; full correction.
546. M.	25	H. D. 3	R. E. 20/20 L. E. fingers	Tenotomy of left int. and advancement of left ext.	3 years.	same	conv. 3°	Followed scarlatina at 3; full correction.
547. M.	7	H. D. 4	R. E. 20/100 L. E. 20/20	Tenotomy of left int. and advancement of right int.	2 years.	same	parallelism	Full correction.
548. F.	11	H. D. 1.25	B. E. 20/20	Tenotomy of left int.	1 year.	same	conv. 3°	Full correction.
549. F.	18	H. D. 3 D. 1 ax. 45°	R. E. 20/70 L. E. 20/100	Tenotomy of left int. and advancement of left ext.	1½ years.	same	conv. 2°	Full correction.
550. M.	15	H. D. 5	R. E. 20/100	Tenotomy of left int. and advancement of left ext.	1 year.	same	parallelism	Full correction.
551. M.	15	H. D. 3	L. E. 2/200	Tenotomy of left int. and advancement of left ext.	1 year.	same	slight conv.	Full correction.
552. M.	15	H. D. 2.50	R. E. 20/40 L. E. 20/200	Tenotomy of left int. and advancement of right int.	18 mos.	same	conv. 5°	Full correction.
553. F.	15	H. D. 2	B. E. 20/100	Tenotomy of right int. " left int., 1 week later.	2 years.	same	conv. 5°	Full correction.
554. F.	14	H. D. 3	R. E. 20/20 L. E. 20/50	Tenotomy of left int. and advancement of left ext.	2 years.	same	parallelism	Full correction.
555. M.	8	H. D. 2	R. E. 20/100 L. E. 20/50	Tenotomy of right int. and advancement of right ext.	3 years.	R. E. 20/100 L. E. 20/30+	parallelism	Followed general chorea; full correction.
556. F.	22	H. D. 1	R. E. 20/30 L. E. 20/200	Tenotomy of right int. " left int., 2 wks. later.	7 years.	same	parallelism	Full correction.
557. F.	11	H. D. 7	R. E. 20/20 L. E. 10/200	Tenotomy of right int. and advancement of right ext. Difficult operation.	2 years.	same	conv. 3°	Very narrow palpebral slit; pupil of R. E. displaced downwards and inwards; very shallow chambers; full correction.
558. M.	19	H. D. 5	R. E. 20/20 L. E. 20/200	Tenotomy of left int. and advancement of right int.	3 years.	same	parallelism	Full correction.
559. F.	22	H. D. 2.50	B. E. 20/20	Tenotomy of right int. and advancement of right ext.	1 year.	same	divergence 3°	Paresis right ext.; full correction; crossed diplopia.

DR. BULL'S PAPER ON RESULTS OF SQUINT OPERATIONS. — CONTINUED.

Sex.	Age.	Refrac- tion.	Vision.	Operations.	Length of time under Observation.	Ultimate Vision.	Result as to Squint.	Remarks.
560. M.	7	H. D. 1.30	R. E. 20/20— L. E. 20/30—	Tenotomy of left int. " right int., 2 wks. later. Tenotomy of right int.	2 years.	same	parallelism	Following continued fever 3 years before. Full correction.
561. M.	9	H. D. 2.50	R. E. 20/30— L. E. 20/30—	Tenotomy of right int.	2 years.	same	slight conv.	Full correction.
562. F.	14	H. D. 3.30	R. E. 20/70 L. E. 20/100	Tenotomy of left int., and ad- vancement of left ext.	3 years.	same	parallelism	Full correction.
563. F.	7	H. D. 6	R. E. 20/200 L. E. 20/70	Tenotomy of right int., and advancement of right ext.	4 years.	same	parallelism	Full correction.
564. F.	11	H. D. 5	R. E. 20/20— L. E. 20/30—	Tenotomy of left int. " right int., 2 wks. later.	2 years.	same	conv. 5°	Full correction.
565. M.	7	H. D. 5.50	R. E. 5/200 L. E. 20/40—	Tenotomy of right int., and advancement of right ext.	2 years.	same	conv. 3°	Full correction.
566. F.	12½	H. D. 1.50	R. E. 20/30— L. E. 20/30—	Tenotomy of left int. " right int., 1 wk. later.	1 year.	same	conv. 3°	B. E. full correction.
567. M.	10	H. D. 2.25	R. E. 20/20 L. E. light	Tenotomy of left int., and ad- vancement of left ext.	1 year.	same	conv. 3°	L. E. detached retina. Full correction.
568. M.	6	H. D. 4	R. E. 20/40— L. E. 20/100	Tenotomy of left int., and ad- vancement of left ext.	3 years.	same	parallelism	Full correction.
569. M.	7	H. D. 2	R. E. 20/20 L. E. 20/70	Tenotomy of left int. " right int., 3 wks. later.	2 years.	same	slight conv.	Full correction.
570. F.	7	H. D. 1.30	R. E. 20/40 L. E. 20/20	Tenotomy of right int. " left int., 1 wk. later.	1 year.	same	parallelism	Full correction.
571. F.	7	H. D. 2	R. E. 20/20 L. E. 20/100	Tenotomy of left int., and ad- vancement of left ext.	3 years.	same	parallelism	Full correction.
572. F.	12	Em.	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	1 year.	same	conv. 3°	L. E. full correction.
573. F.	12½	H. D. 1	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	1 year.	same	conv. 3°	L. E. full correction.
574. F.	10	H. D. 2.75	R. E. 20/70 L. E. 20/20	Tenotomy of right int. " left int., 1 wk. later.	2 years.	same	parallelism	Full correction.
575. M.	9	H. D. 1.30	R. E. 20/20 L. E. 20/30—	Tenotomy of left int., 1 wk. later.	18 mos.	same	parallelism	Full correction.
576. M.	6	H. D. 4	R. E. 20/100 L. E. 20/40—	Tenotomy of right int., and advancement of right ext.	4 years.	R. E. 20/100 L. E. 20/30+	parallelism	R. E. full correction.
577. F.	8	H. D. 6.30	R. E. 20/100 L. E. 20/200	Tenotomy of right int., and ad- vancement of right ext.	2 years.	same	conv. 5°	L. E. full correction.
578. M.	26	M. D. 2.30	R. E. light L. E. light	Tenotomy of left int., and ad- vancement of left ext.	1 year.	same	div. 3°	Nystagmus rotary; Choroidal atrophy.
579. F.	14	H. D. 1.30	R. E. 20/20 L. E. 20/20	Tenotomy of left int.	2 years.	same	conv. 5°	Full correction.

580. F.	14	H. D. 1	R. E. 20/20— L. E. 20/20—	Tenotomy of right int., and advancement of right ext.	2 years.	same	parallelism	R. E., after diphtheria, two years ago. Full correction.
581. M.	42	H. D. 3	B. E. 20/50	Simultaneous tenotomy of both interni.	1 year.	B. E. 20/30—	parallelism	Full correction.
582. F.	13	H. D. 1.50	R. E. 20/70	Tenotomy of left int.	18 mos.	R. E. 20/20	conv. 3°	L. E. acute purulent conj. Full correction.
583. M.	14½	D. 2.75	L. E. 20/70	" right int., 4 wks. later.	1 year.	L. E. 20/40—	parallelism	R. E. full correction.
584. M.	21	H. D. 4	R. E. 20/100	Tenotomy of right int., and advancement of right ext.	1 year.	R. E. 10/200	parallelism	Full correction.
585. F.	22	H. D. 2	L. E. 20/50+	Tenotomy of right int., and advancement of right ext.	1 year.	L. E. 20/40+	parallelism	Full correction.
586. F.	11	H. D. 2	R. E. 20/200	Tenotomy of right int., and advancement of right ext.	3 years.	same	conv. 3°	Full correction.
587. M.	10	H. D. 4	L. E. 20/40	" right int., 1 wk. later.	2 years.	same	slight conv.	Full correction.
588. M.	25	H. D. 1.50	R. E. 20/20	Tenotomy of left int., and advancement of right ext.	1 year.	same	parallelism	Full correction.
589. M.	12	H. D. 4.50	R. E. 20/70	" right int., 1 wk. later.	1 year.	same	parallelism	Paresis right ext. Full cor- rection.
590. M.	31	M. and Asm.	R. E. 20/30— L. E. fingers	Tenotomy of left int., and ad- vancement of left ext.	1 year.	same	parallelism	R. E. keratitis.
591. F.	12	H. D. 2.50	R. E. 20/200	Tenotomy of left int., and ad- vancement of left ext.	2 years.	same	conv. 3°	Full correction.
592. F.	19	H. D. 2	L. E. 20/200	Tenotomy of left int., and ad- vancement of left ext.	1 year.	same	parallelism	Full correction.
593. M.	7	H. D. 5	L. E. 6/200	Tenotomy of left int., and ad- vancement of left ext.	2 years.	R. E. 20/200	slight conv.	Full correction.
594. M.	9	H. D. 3	L. E. 20/50+	Tenotomy of right int., and advancement of right ext.	3 years.	L. E. 20/30— same	parallelism	Unusual venous engorge- ment and coil of veins on disc B. E.
595. F.	14½	H. D. 5	R. E. 20/70—	Tenotomy of left int.	1 year.	same	conv. 5°	Full correction.
596. F.	15	H. D. 2.50	B. E. 20/30—	" right int., 2 wks. later.	8 mos.	same	conv. 3°	L. E. full correction.
597. F.	7	H. D. 1	R. E. 20/200	" right int., 1 wk. later.	2 years.	same	div. 3°	L. E. full correction.
598. M.	8	H. D. 4	L. E. 20/20	Tenotomy of right int., and advancement of right ext.	18 mos.	same	parallelism	Full correction.
599. F.	6	H. D. 4	L. E. 20/30—	Tenotomy of right int., and advancement of right ext.	3 years.	same	parallelism	R. E. full correction.
600. F.	15	H. D. 1.50	R. E. 20/200	Tenotomy of right int., and advancement of right ext.	1 year.	same	conv. 3°	L. E. full correction.
601. M.	10	H. D. 7	B. E. 20/20— L. E. 10/200	Tenotomy of left int., and ad- vancement of left ext.	2 years.	same	parallelism	Full correction.



DR. BULL'S PAPER ON RESULTS OF SQUINT OPERATIONS. — CONTINUED.

Sex.	Age.	Refrac- tion.	Vision.	Operations.	Length of time under Observation.	Ultimate Vision.	Result as to Squint.	Remarks.
602. M.	37	M. D. 9	R. E. 20/100 L. E. 20/200 M. corrected	Tenotomy of left int. " right int., 1 wk. later.	6 mos.	same	slight conv.	Rapidly increasing amblyopia with pain and squint in L. E.
603. M.	10	H. D. 1 C D. 1 ax. 90°	R. E. 20/20 L. E. 20/100	Tenotomy of left int., and advancement of left ext.	2 years.	same	parallelism	Full correction.
604. F.	14	H. D. 2.50 D. 5	R. E. 20/30+ L. E. 20/200	Tenotomy of left int., and advancement of left ext.	1 year.	same	conv. 3°	Full correction.
605. F.	30	H. D. 3 D. 1 ax. 90°	B. E. 20/200 L. E. 20/30	Tenotomy of right int., and advancement of right ext.	8 mos.	same	parallelism	Full correction.
606. F.	16	H. D. 3 C D. 5 C	R. E. 20/20- L. E. 20/40-	Tenotomy of left int. " right int., 2 wks. later.	2 years.	same	conv. 5°	Full correction.
607. M.	48	H. D. 4	R. E. 20/200 L. E. 20/70+	Tenotomy of right int. " left int., 1 wk. later.	6 mos.	same	conv. 3°	Full correction.
608. F.	7	H. D. 2.75	R. E. 20/30+ L. E. 20/100	Tenotomy of left int., and advancement of right ext.	2½ years.	same	parallelism	Full correction.
609. F.	12	H. D. 3 D. 5	R. E. 20/70 L. E. 20/100	Tenotomy of left int., and advancement of left ext.	1½ years.	same	conv. 3°	Full correction.
610. F.	8	H. D. 3.50	R. E. 20/20 L. E. 20/50-	Tenotomy left int. " right int., 2 wks. later.	3 years.	same	parallelism	Full correction.
611. F.	13	H. D. 2	R. E. 20/200 L. E. 20/20	Tenotomy of right int., and advancement of right ext.	1 year.	same	parallelism	Full correction.
612. F.	11	H. D. 1.75	B. E. 20/30+	Tenotomy of left int. " right int., 1 wk. later.	2 years.	same	conv. 3°	Ophthal. neonat. followed by squint L. E.; full correction.





